Project/Location: GSA MELVIN F	RICE FED	COURTHOUSE- EAS	T ST LC	DUIS, N	10	Contr	act N	0.:		47PF0019C0092	
Payroll No.	46			For		endin	_	/21			
					Day	and [Date				
Name, Address	Tax/	Work	S	М	T	W	T	T F S		Rate	Fringe
	Dep	Classification	3	4	5	6	7	8	9		
								_			
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
VICTOR MC CALL	М	ELEVATOR								50.09	37.71
(b) (6)	1	MECHANIC								75.135	37.71
(b) (6)											

PERSONNEL	HOURS		EARNINGS			GROSS	STATUTORY DEC		VOLUNT	ARY DEDUCT	IONS		NET PAY	
ARMSTRONG,BRUCE	Reg 40.00	O/T Hours 3&4	Reg 2,003.60	O/T Earnings 3	&4 Earnings	5	Federal	State/Local						
File: 000101			·											
Dept: 000002														
Rate: 50.0900														
Dept: 000002		40.00 FR		1,508.48	FR									'
Rate: 37.7120						3,512.08	189.27 FIT	99.18 IL 43 S2	263.33	N MEDINS	263.33-	U MEDREI	Memo	
							124.23 SS 29,05 MED						2.07	70.35
EAUGHLIN,TIMOTHY SHANE File: 000178 Dept: 000002 Rate: 25.0450 Dept: 000002 Rate: 36.7100	40.00	40.00 FR	1,001.80	1,468.40	FR	2,470.20	121.92 FIT 62.11 SS 14.52 MED							71.65
DEPT TOTAL 000002		30.00 REG .00 O/T .00 HOURS 3 30.00 HOURS 4	, (00 REG 00 EARNINGS 3 00 EARNINGS 5		O/T EARNINGS 4 GROSS	311.19 F 186.34 S 43.57 M 99.18 S	SS MED		.00 TOTA	L DEDUCTION	ONS	2 Pa 5,34	42.00
HOURS ANALYSIS:		80.00	FR Fringe											
EARNINGS ANALYSIS:		2,976.88	FR Fringe											
STATUTORY DED. AN	ALYSIS:	99.18	43 IL											

263.33- U MEDREI

Labor Distribution

ARMSTRONG ELEVATOR

Company Code: GTB

Batch : 2366-030 Period Ending : 01/09/2021

Week 02 Page 1

Service Center: 030 Pay Date : 01/13/2021

VOLUNTARY DED. ANALYSIS:

263.33

N MEDINS

I, DOREEN	ROOKS	OFFICE MANAGER
(Name of signa	tory party)	(Title)
Do hereby state:		
Armstrong Elevator (Contractor or Sulthat during the payrending the 9 project have been pube made either dir Company from the person and that no wages earned by Regulations, Part 3	or Company at GS/coontractor) oll period commencing day of January aid the full weekly weetly or indirectly to full weekly (Contradeductions have been any person, other (29 CFR Subtitle Amended (48 Stat. 94)	of the persons employed by A-MELVIN PRICE FEDERAL COURTHOUSE (Building or work) (Bui
above period are co contained therein a determination incorp	rrect and complete; re not less than the porated into the conti	this contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage ract; that the classifications set forth therein for he work he performed.
fide apprenticeship by the Bureau of Ap no such recognize	program registered v prenticeship and Tra d agency exists in	ne above period are duly registered in a bona with a State apprenticeship agency recognized lining, United States Department of Labor, or if a State, are registered with the Bureau of the description.
(4) That:		
(a) WHERE FRII PROGRAMS	NGE BENEFITS AR	E PAID TO APPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	
KLWAKKO	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN	I PRICE FED	COURTHOUSE- EAS	T ST LC	DUIS, N	10	Contr	act N	0.:		47PF0019C0092	
Payroll No.	47			For		endin		6/21			
					Day	and [Date				
Name, Address	Tax/	Work	S	М	T	W	T	F S		Rate	Fringe
	Dep	Classification	10	11	12	13	14	15	16		
								_			
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
VICTOR MC CALL	M	ELEVATOR								50.09	37.71
(b) (6)	1	MECHANIC								75.135	37.71
(b) (6)											

PERSONNEL	HOURS Reg O/T Hours 3&4	EARNINGS	Earnings 3&4 Earnings 5	GROSS	STATUTORY DEDUCT Federal Sta	IONS ite/Local	VOLUNTA	RY DEDUCTION	ONS	NET PA	Y 🗸
ARMSTRONG,BRUCE	Reg O/T Hours 3&4	Reg O/T 2,003.60	Earnings 304 Earnings 3	:	Federal Sta	ne/Local					
File: 000101		,									
Dept: 000002											
Rate: 50,0900											
Dept: 000002	40.00 FR		1,508.48 FR								
Rate: 37.7120				3,512.08	189.27 FIT 124.22 SS	99.18 IL 43 S2	263.33	N MEDINS	263.33- U MEDREI	Memo	
					29.06 MED					3,0	70.35
LAUGHLIN,TIMOTHY SHANE	40.00	1,001.80									
File: 000178											
Dept: 000002											
Rate: 25.0450											
Dept: 000002	40.00 FR		1,468.40 FR								
Rate: 36.7100				2,470.20	121.92 FIT					Memo	
					62.11 SS						
					14.53 MED					2,2	71.64
DEPT TOTAL	80.00 REG	3,005.40 REG	.00	O/T	311.19 FIT			.00 TOTAL	DEDUCTIONS	2 Pa	ays 🗆
000002	.00 O/T	.00 EAR	NINGS 3 2,976.88	EARNINGS 4	186.33 SS						41.99
	.00 HOURS 3	.00 EAR			43.59 MED						
	80.00 HOURS 4		·		99.18 STATI	E					
HOURS ANALYSIS:	80.00	FR Fringe			•		•				-
EARNINGS ANALYSIS:	2,976.88	FR Fringe									
STATUTORY DED, ANA	LYSIS: 99,18	43 IL									

Labor Distribution

ARMSTRONG ELEVATOR

Company Code: GTB

263.33- U MEDREI

Batch: 3500-030 Period Ending: 01/16/2021 Pay Date: 01/20/2021 Week 03 Page 2

Service Center: 030

VOLUNTARY DED. ANALYSIS:

263.33

N MEDINS

(Name of signatory party)	(Title)
Do hereby state:	
that during the payroll period commencing ending the 16 day of January project have been paid the full weekly wage be made either directly or indirectly to company from the full weekly (Contractor person and that no deductions have been mades earned by any person, other the Regulations, Part 3 (29 CFR Subtitle A), is	MELVIN PRICE FEDERAL COURTHOUSE (Building or work) on the 10 day of January 2021 and
above period are correct and complete; the contained therein are not less than the ap	contract required to be submitted for the at the wage rates for laborers or mechanics plicable wage rates contained in any wage t; that the classifications set forth therein for work he performed.
fide apprenticeship program registered with by the Bureau of Apprenticeship and Training	above period are duly registered in a bona a State apprenticeship agency recognized ng, United States Department of Labor, or if State, are registered with the Bureau of Department of Labor.

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

OFFICE MANAGER

DOREEN ROOKS

(4) That:

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN	PRICE FED	COURTHOUSE- EAS	T ST LC				act N			47PF0019C0092	
Payroll No.	48			For		endin		3/21			
					Day	and [Date				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	17	18	19	20	21	22	23		
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8						25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
VICTOR MC CALL	М	ELEVATOR								50.09	37.71
(b) (6)	1	MECHANIC								75.135	37.71
(b) (6)											

PERSONNEL	HOURS Reg O/T Hours 3	EARNINGS 4 Rec	O/T Earnings 3	&4 Earnings	GROSS	STATUTORY DE Federal	DUCTIONS State/Local	VOLUNT	ARY DEDUCTION	ONS	NET PAY 🗸
ARMSTRONG,BRUCE	40.00	2,003.60									
File: 000101 Dept: 000002											
Rate: 50.0900	40.00		4 500 40								
Dept: 000002	40.00	·R	1,508.48	FR							Memo
Rate: 37.7120					3,512.08	189.27 FIT 124.22 SS 29.05 MEI	99.18 IL 43 S2	263.33	N MEDINS	263.33- U MEDREI	Memo L 3,070.36
LAUGHLIN,TIMOTHY SHANE	8.00	200.36									
File: 000178 Dept: 000002 Rate: 25,0450											
Dept: 000002	8.00	R	293.68	FR							
Rate: 36.7100					494.04	12.44 FIT 12.43 SS 2.90 MEE)				Memo 466.27
DEPT TOTAL 000002	48.00 REG .00 O/T .00 HOURS 3		6 REG D EARNINGS 3 D EARNINGS 5		O/T EARNINGS 4 GROSS	201.71 136.65 31.95	SS		.00 TOTAL	DEDUCTIONS	2 Pays 3,536.63
HOURS ANALYSIS: EARNINGS ANALYSIS:	48					39,16	OTATE				
EARNINGS ANALYSIS: STATUTORY DED, ANA	1,802 LYSIS: 99	18 43 IL									

263.33- U MEDREI

ARMSTRONG ELEVATOR

Company Code: GTB

Batch : **4389-030** Service Center : **030**

Period Ending: 01/23/2021 Pay Date: 01/27/2021 Week 04 Page 1

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VOLUNTARY DED. ANALYSIS:

263.33

N MEDINS

-,	(Name of signatory party)	(Title)
Do	hereby state:	
that en probe Co	contractor or Subcontractor) at during the payroll period commence ding the 23 day of Januar oject have been paid the full weekly we made either directly or indirectly to the full weekly (Contractors and that no deductions have been paid the full weekly (Contractors and that no deductions have been person, other egulations, Part 3 (29 CFR Subtitle Actions)	A- MELVIN PRICE FEDERAL COURTHOUSE
_		
ab co de	ove period are correct and complete; ntained therein are not less than the	this contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage ract; that the classifications set forth therein for he work he performed.
fid by	e apprenticeship program registered the Bureau of Apprenticeship and Tra	ne above period are duly registered in a bona with a State apprenticeship agency recognized aining, United States Department of Labor, or if a State, are registered with the Bureau of

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

Apprenticeship and Training, United States Department of Labor.

(4) That:

PROGRAMS

OFFICE MANAGER

DORFEN ROOKS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN PRICE FED COURTHOUSE- EAST ST LOUIS, MO Contract No.: 47PF0019C0092											
Payroll No. 49 For week ending: 1/30/21											
					Day	and [Date				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	24	25	26	27	28	29	30		
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC								25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
VICTOR MC CALL	М	ELEVATOR								50.09	37.71
(b) (6)	1	MECHANIC								75.135	37.71
(b) (6)											

\boldsymbol{Z}

PERSON	INEL	HOURS		EAR	NINGS			GROSS	STATUTORY D	EDUC'	TIONS	VOLUNT	ARY DEDUCT	TONS		NET	ΓPAY 🗸
		Reg O/	F Hours 3&4	R	leg ()/T Earnings	3&4 Earnings	5	Federal	St	ate/Local						
ARMSTRO	ONG,BRUCE	40.00		2	,003.60												
File:	000101																
Dept:	000002																
Rate:	50.0900																
Dept:	000002		40.00 FR			1,508.4	18 FR										
Rate:	37.7120							3,512.08	189.27 FIT		99.18 IL 43 S2	263.33	N MEDINS	263.33-	U MEDREI	Mem	no 🗆
									124.23 SS								
									29.05 ME	D							3,070.35
DEPT TO	OTAL	40.0	0 REG		2,003.60	REG	.00	O/T	189.27	FIT			.00 TOTA	L DEDUCTION	ONS		1 Pays □
000002			0 O/T		.00	EARNINGS 3	1,508.48	EARNINGS 4	124.23	SS							3,070.35
			0 HOURS 3		.00	EARNINGS 5	3,512.08		29,05	MED)						,
		40.0	0 HOURS 4				,		99.18	STAT	TE						
HOURS A	ANALYSIS:		40.00	FR	Fringe				•								
EARNING	S ANALYSIS:		1,508.48	FR	Fringe	·						•		•			
STATUTORY DED. ANALY		LYSIS:	99.18	43 IL	_												

263.33- U MEDREI

ARMSTRONG ELEVATOR

Service Center: 030

Batch : 5328-030 Period Ending : 01/30/2021 Pay Date: 02/03/2021 Week 05 Page 2

Company Code: GTB

VOLUNTARY DED. ANALYSIS:

263.33 N MEDINS

(Name of signatory party)	(Title)
Do hereby state:	
Armstrong Elevator Compa (Contractor or Subcontract that during the payroll period ending the 30 day of project have been paid the ful be made either directly or i Company from the full weel person and that no deduction wages earned by any pers Regulations, Part 3 (29 CFR	commencing on the 24 day of January 2021 and January 2021, all persons employed on said weekly wages earned, that no rebates have been or will directly to or on behalf of said Armstrong Elevator by (Contractor or subcontractor) wages earned by any have been made either directly or indirectly from the full on, other than permissible deductions as defined in Subtitle A), issued by the Secretary of Labor under the 18 Stat. 948,63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40
	<u></u>
above period are correct and contained therein are not les determination incorporated in	se under this contract required to be submitted for the complete; that the wage rates for laborers or mechanics than the applicable wage rates contained in any wage of the contract; that the classifications set forth therein for form with the work he performed.
fide apprenticeship program r by the Bureau of Apprentices no such recognized agency	loyed in the above period are duly registered in a bona egistered with a State apprenticeship agency recognized ip and Training, United States Department of Labor, or if exists in a State, are registered with the Bureau of United States Department of Labor.

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

DOREEN ROOKS

(4) That:

PROGRAMS

OFFICE MANAGER

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN PRICE FED COURTHOUSE- EAST ST LOUIS, MO Contract No.: 47PF0019C0092											
Payroll No.	· ·										
					Day	and [Date				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	21	22	23	24	25	26	27		
								_			
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
VICTOR MC CALL	М	ELEVATOR								50.09	37.71
(b) (6)	1	MECHANIC								75.135	37.71
(b) (6)											

PERSONNEL	HOURS Reg O/T Hours 3&4	EARNINGS Reg 0/T Earnings 3		ROSS	STATUTORY DEDUCTI Federal Sta	ONS te/Local	VOLUNTARY DEDUCT	TIONS	NET PAY 🗸
ARMSTRONG,BRUCE	Reg O/T Hours 3&4 40.00	2,003.60	04 Carimiys 3		reuerai Sia	le/Local			
File: 000101	.0.00	2,000.00							
Dept: 000002									
Rate: 50,0900									
Dept: 000002	40.00 FR	1,508.48	FR						
Rate: 37.7120				3,512.08	189.27 FIT 124.22 SS	99.18 IL 43 S2	273.13 N MEDINS	273.13- U MEDREI	Memo
					29.05 MED				3,070.36
LAUGHLIN,TIMOTHY SHANE	40.00	1,001.80							
File: 000178									
Dept: 000002									
Rate: 25.0450									
Dept: 000002	40.00 FR	1,468.40	FR						
Rate: 36.7100				2,470.20	121.92 FIT				Memo
					62.11 SS 14.52 MED				2,271.65
DEPT TOTAL	80.00 REG	3,005.40 REG	.00 O/T	r	311.19 FIT		.00 TOTA	L DEDUCTIONS	2 Pays
000002	.00 O/T	.00 EARNINGS 3	2,976.88 EAI		186.33 SS				5,342.01
	.00 HOURS 3	.00 EARNINGS 5	5,982.28 GR	oss	43.57 MED				
	80.00 HOURS 4		,		99.18 STATE	=			
HOURS ANALYSIS:	80.00	FR Fringe					•		•
EARNINGS ANALYSIS:	2,976.88	FR Fringe							
STATUTORY DED. ANAL	YSIS: 99.18	43 IL							

273.13- U MEDREI

N MEDINS

273.13

ARMSTRONG ELEVATOR

Company Code: GTB

Batch : **8658-030** Service Center : **030** Period Ending: 02/27/2021
Pay Date: 03/03/2021

Week 09 Page 2

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VOLUNTARY DED. ANALYSIS:

٠, .	(Name of signatory party)	(Title)
Do	hereby state:	
that end pro be Col per way Reg Col	That I pay or supervise the payment of the permstrong Elevator Company at GSA-MELVI contractor or Subcontractor) (Build the during the payroll period commencing on the ding the 27 day of February ject have been paid the full weekly wages earn made either directly or indirectly to or on impany from the full weekly (Contractor or son and that no deductions have been made eiges earned by any person, other than pergulations, Part 3 (29 CFR Subtitle A), issued beland Act, as amended (48 Stat. 948,63 Stat. C. 276c), and described below:	N PRICE FEDERAL COURTHOUSE ding or work) 21 day of February 2021 and 2021, all persons employed on said ned, that no rebates have been or will behalf of said Armstrong Elevator ubcontractor) wages earned by any either directly or indirectly from the full rmissible deductions as defined in by the Secretary of Labor under the
_		
abc con det	That any payrolls otherwise under this controve period are correct and complete; that the stained therein are not less than the applicable ermination incorporated into the contract; that the laborer or mechanic conform with the work has been also	wage rates for laborers or mechanics e wage rates contained in any wage the classifications set forth therein for
fide	That any apprentices employed in the above apprenticeship program registered with a Stathe Bureau of Apprenticeship and Training, Un	te apprenticeship agency recognized

no such recognized agency exists in a State, are registered with the Bureau of

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

Apprenticeship and Training, United States Department of Labor.

(4) That:

PROGRAMS

OFFICE MANAGER

DORFEN ROOKS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN P	RICE FED	COURTHOUSE- EAS	T ST LC	DUIS, N	10	Contr	act N	0.:		47PF0019C0092	
Payroll No.	50			For			ıg: 2/6	/21			
					Day	and [Date				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	31	1	2	3	4	5	6		
				•		,		_			
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
VICTOR MC CALL	М	ELEVATOR								50.09	37.71
(b) (6)	1	MECHANIC								75.135	37.71
(b) (6)											

PERSONNEL	HOURS Reg O/T Hours 3&4	EARNINGS Reg 0/T Earnings 3		ROSS	STATUTORY DEDUCTI Federal Sta	ONS te/Local	VOLUNTARY DEDUCT	TIONS	NET PAY 🗸
ARMSTRONG,BRUCE	Reg O/T Hours 3&4 40.00	2,003.60	04 Carimiys 3		reuerai Sia	le/Local			
File: 000101	.0.00	2,000.00							
Dept: 000002									
Rate: 50,0900									
Dept: 000002	40.00 FR	1,508.48	FR						
Rate: 37.7120				3,512.08	189.27 FIT 124.22 SS	99.18 IL 43 S2	273.13 N MEDINS	273.13- U MEDREI	Memo
					29.05 MED				3,070.36
LAUGHLIN,TIMOTHY SHANE	40.00	1,001.80							
File: 000178									
Dept: 000002									
Rate: 25.0450									
Dept: 000002	40.00 FR	1,468.40	FR						
Rate: 36.7100				2,470.20	121.92 FIT				Memo
					62.11 SS 14.52 MED				2,271.65
DEPT TOTAL	80.00 REG	3,005.40 REG	.00 O/T	r	311.19 FIT		.00 TOTA	L DEDUCTIONS	2 Pays
000002	.00 O/T	.00 EARNINGS 3	2,976.88 EAI		186.33 SS				5,342.01
	.00 HOURS 3	.00 EARNINGS 5	5,982.28 GR	oss	43.57 MED				
	80.00 HOURS 4		,		99.18 STATE	=			
HOURS ANALYSIS:	80.00	FR Fringe					•		•
EARNINGS ANALYSIS:	2,976.88	FR Fringe							
STATUTORY DED. ANAL	YSIS: 99.18	43 IL							

273.13- U MEDREI

ARMSTRONG ELEVATOR

Company Code: GTB

N MEDINS

273.13

Batch : **6199-030**

Period Ending: 02/06/2021 Pay Date : 02/10/2021 Week 06 Page 1

Service Center: 030

VOLUNTARY DED. ANALYSIS:

(Name of signatory party)	(Title)
Do hereby state:	
(1) That I pay or supervise the payment of the Armstrong Elevator Company at GSA-M (Contractor or Subcontractor) that during the payroll period commencing of ending the 6 day of February project have been paid the full weekly wages be made either directly or indirectly to or Company from the full weekly (Contractor person and that no deductions have been m wages earned by any person, other that Regulations, Part 3 (29 CFR Subtitle A), is Copeland Act, as amended (48 Stat. 948,6 U.S.C. 276c), and described below:	(Building or work) In the 31 day of January 2021 and 2021, all persons employed on said as earned, that no rebates have been or will on behalf of said Armstrong Elevator or subcontractor) wages earned by any ade either directly or indirectly from the full in permissible deductions as defined in sued by the Secretary of Labor under the
	-
(2) That any payrolls otherwise under this above period are correct and complete; tha contained therein are not less than the app determination incorporated into the contract; each laborer or mechanic conform with the v	t the wage rates for laborers or mechanics licable wage rates contained in any wage that the classifications set forth therein for
(3) That any apprentices employed in the a fide apprenticeship program registered with by the Bureau of Apprenticeship and Trainin no such recognized agency exists in a S Apprenticeship and Training, United States I	a State apprenticeship agency recognized g, United States Department of Labor, or if State, are registered with the Bureau of
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PA	AID TO APPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

listed in the above referenced payroll, payments of fringe benefits as listed.

OFFICE MANAGER

DOREEN ROOKS

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

XPLANATION

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Fringe
Fringe
Fringe
37.71
37.71
36.71
36.71
37.71
37.71

U

PERSONNE	EL	HOURS		EARNINGS				STATUTORY DED		VOLUNTA	ARY DEDUCT	ONS		NET PA	Y
ARMSTRON		Reg O/T 40.00	Hours 3&4	Reg 2,003.60	O/T Earnings 3	3&4 Earnings 5	5	Federal	State/Local						
File: 00	00101														ľ
Dept: 00	00002														
Rate: 50	0.0900														
Dept: 00	00002		40.00 FR		1,508.48	B FR									'
Rate: 37	7.7120						3,512.08	189.27 FIT	99.18 IL 43 S2	273.13	N MEDINS	273.13-	U MEDREI	Memo	
								124.22 SS							
								29.06 MED						3,0	070.35
DEPT TOTA	AL	40.00	REG	2,003.60	REG	.00	O/T	189.27 F	TT .		.00 TOTAL	DEDUCTIO	NS	1 P	Pays 🗆
000002		.00	O/T	.00	EARNINGS 3	1,508.48	EARNINGS 4	124.22 S	S					3,0	070.35
		.00	HOURS 3	.00	EARNINGS 5	3,512.08	GROSS	29.06 M	MED						
		40.00	HOURS 4					99.18 S	TATE						
HOURS ANA	ALYSIS:		40.00	FR Fringe											
EADNINGS A	A N I A I A Y O I O		4 500 40	ED Erinana											

EARNINGS ANALYSIS:	1,508.48	FR Fringe		
STATUTORY DED. ANALYSIS:	99.18	43 IL		
VOLUNTARY DED. ANALYSIS:	273.13	N MEDINS	273.13-	U MEDREI

ARMSTRONG ELEVATOR
Company Code: GTB

Service Center: 030

Batch : **6965-030** Period Ending : **02/13/2021**Center : **030** Pay Date : **02/17/2021**

Week 07 Page 2

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(Name of signatory party)	(Title)
Do hereby state:	
that during the payroll period commendending the 13 day of February project have been paid the full weekly be made either directly or indirectly Company from the full weekly (Controperson and that no deductions have be wages earned by any person, othe Regulations, Part 3 (29 CFR Subtitle American)	SA- MELVIN PRICE FEDERAL COURTHOUSE
above period are correct and complete contained therein are not less than the	this contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage tract; that the classifications set forth therein for the work he performed.
fide apprenticeship program registered	the above period are duly registered in a bona with a State apprenticeship agency recognized raining. United States Department of Labor, or if

no such recognized agency exists in a State, are registered with the Bureau of

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

Apprenticeship and Training, United States Department of Labor.

listed in the above referenced payroll, payments of fringe benefits as listed.

(4) That:

PROGRAMS

OFFICE MANAGER

DOREEN ROOKS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN P	RICE FED	COURTHOUSE- EAS	T ST LC	DUIS, N	10	Contr	act N	0.:		47PF0019C0092	
Payroll No. 52 For week ending: 2/20/21											
					Day	and [Date				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	14	15	16	17	18	19	20		
						,					
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC								25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
VICTOR MC CALL	М	ELEVATOR								50.09	37.71
(b) (6)	1	MECHANIC								75.135	37.71
(b) (6)											

D

PERSON	NNEL	HOURS		EARNINGS			GROSS	STATUTORY DEDU	CHONS	VOLUNTARY	Y DEDUCTI	ONS		NETPAY	ĭ
		Reg O/T	Hours 3&4	Reg	O/T Earnings :	3&4 Earnings	î	Federal :	State/Local						
ARMSTRO	ONG,BRUCE	40.00		2,003.60											
File:	000101														
Dept:	000002														
Rate:	50.0900														
Dept:	000002		40.00 FR		1,508.48	8 FR									
Rate:	37.7120						3,512.08	189.27 FIT	99.18 IL 43 S2	273.13 N	MEDINS	273.13-	U MEDREI	Memo	
								124.23 SS							
								29.05 MED						3,07	70.35
DEPT TO	OTAL	40.00	REG	2,003.60	REG	.00	O/T	189,27 FIT	Т		00 TOTAL	DEDUCTION	ONS	1 Pa	ays 🗆
000002		.00		1 '	EARNINGS 3		EARNINGS 4	124.23 SS							70.35
		.00	HOURS 3	.00	EARNINGS 5	3,512.08	GROSS	29.05 ME	ΕD					,	
		40.00	HOURS 4			·		99,18 ST	TATE						
HOURS A	ANALYSIS:		40.00	FR Fringe				•							

HOURS ANALISIS.
EARNINGS ANALYSIS:
STATUTORY DED. ANALYSIS:
VOLUNTARY DED. ANALYSIS:

S:	40.00	FR	Fringe
YSIS:	1,508.48	FR	Fringe
D. ANALYSIS:	99,18	43 IL	

273.13

N MEDINS

273.13- U MEDREI

ARMSTRONG ELEVATOR

Service Center: 030

Batch: 7762-030 Period Ending: 02/20/2021 Pay Date : 02/24/2021 Week 08 Page 1

Company Code: GTB

(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period commencing ending the 20 day of Februar project have been paid the full weekly was be made either directly or indirectly to Company from the full weekly (Contract person and that no deductions have been wages earned by any person, other to Regulations, Part 3 (29 CFR Subtitle A),	MELVIN PRICE FEDERÁL COURTHOUSE
above period are correct and complete; the contained therein are not less than the a	is contract required to be submitted for the hat the wage rates for laborers or mechanics pplicable wage rates contained in any wage ct; that the classifications set forth therein for e work he performed.
fide apprenticeship program registered with by the Bureau of Apprenticeship and Train	e above period are duly registered in a bona th a State apprenticeship agency recognized ning, United States Department of Labor, or if State, are registered with the Bureau of

- In addition to the basic hourly wage rates paid to each laborer or mechanic

Apprenticeship and Training, United States Department of Labor.

listed in the above referenced payroll, payments of fringe benefits as listed.

(4) That:

PROGRAMS

DOREEN ROOKS

OFFICE MANAGER

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

XPLANATION

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN PRICE FED COURTHOUSE- EAST ST LOUIS, MO Contract No.: Payroll No. 1 For week ending: 2/29/20								47PF0019C0092		
			For v				29/20			
				Day	and [
Tax/		S	М	T	W	T	F	S	Rate	Fringe
Dep	Classification	23	24	25	26	27	28	29		
M	ELEVATOR		8	8	8	8	8		50.09	37.71
0	MECHANIC								75.135	37.71
S	MECHANIC			8		8	8		25.05	36.71
										36.71
	ALTRENTIOL								07.000	50.71
	Tax/ Dep	Tax/ Work Dep Classification M ELEVATOR 0 MECHANIC	Tax/ Work S Dep Classification 23 M ELEVATOR 0 MECHANIC	Tax/	For week 6 Day	Tax/	For week ending: 2/2 Day and Date	For week ending: 2/29/20 Day and Date	For week ending: 2/29/20 Day and Date	Tax/ Dep

D

PERSONNEL	HOURS Reg O/T Hours 3&4	EARNINGS Reg (D/T Earnings 3&4 Earnings	GROSS	STATUTORY DEDUCTIONS Federal State/Local	VOLUNTARY DEDUCTIONS	NET PAY 🗸
ARMSTRONG,BRUCE File: 000101 H Dept: 000090 W Dept: 000002	40.00	2,003.60					
Rate: 50,0900							
Dept: 000002	40.00 E		1,508.48 E				
Rate: 37.7120				3,512.08	192.14 FIT 173.85 IL 4 124.23 SS 29.05 MED	3 S2 263.33 N MEDINS 263.33- U MEDREI	Memo 2,992.81
LAUGHLIN,TIMOTHY SHANE	24.00	601.08					
File: 000178 H Dept: 000099							
W Dept: 000002 Rate: 25.0450							
Dept: 000002	24.00 E		881.04 E				
Rate: 36.7100				1,482.12	59.56 FIT 37.27 SS 8.72 MED		Memo 1,376.57
DEPT TOTAL 000002	64.00 REG .00 O/T 64.00 HOURS 3 .00 HOURS 4	· ·		EARNINGS 4	251.70 FIT 161.50 SS 37.77 MED 173.85 STATE	.00 TOTAL DEDUCTIONS	2 Pays 4,369.38
HOURS ANALYSIS: EARNINGS ANALYSIS:	64.00 2,389.52	E FRINGE E FRINGE					
CTATUTODY DED. AND	ALVOIC. 470 OF	40 11					

STATUTORY DED. ANALYSIS: VOLUNTARY DED. ANALYSIS:

173.85 43 IL 263.33 N MEDINS

263.33- U MEDREI



ARMSTRONG ELEVATOR

Company Code: GTB

Batch: 8285-030 Period Ending: 02/29/2020

Week 10 Page 2

Service Center: 030 Pay Date : 03/04/2020

(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period commencing ending the 29 day of Februar project have been paid the full weekly was be made either directly or indirectly to Company from the full weekly (Contract person and that no deductions have been wages earned by any person, other to Regulations, Part 3 (29 CFR Subtitle A),	MELVIN PRICE FEDERAL COURTHOUSE
above period are correct and complete; t contained therein are not less than the a	is contract required to be submitted for the hat the wage rates for laborers or mechanics pplicable wage rates contained in any wage ct; that the classifications set forth therein for e work he performed.
fide apprenticeship program registered wi	e above period are duly registered in a bona th a State apprenticeship agency recognized ning, United States Department of Labor, or if

no such recognized agency exists in a State, are registered with the Bureau of

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

Apprenticeship and Training, United States Department of Labor.

listed in the above referenced payroll, payments of fringe benefits as listed.

(4) That:

PROGRAMS

OFFICE MANAGER

DOREEN ROOKS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

XPLANATION

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN P	RICE FED	COURTHOUSE- EAS	T ST LC	DUIS, N	10	Contr	act N	0.:		47PF0019C0092	
Payroll No.	·						-	/21			
		Day and Date									
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	28	1	2	3	4	5	6		
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
VICTOR MC CALL	М	ELEVATOR								50.09	37.71
(b) (6)	1	MECHANIC								75.135	37.71
(b) (6)											

PERSONNEL	HOURS Reg O/T Hours 3&4	EARNINGS Reg Ø// Earnings 3&4		STATUTORY DEDUCTIONS Federal State/Local	VOLUNTARY DEDUCTIONS	NET PAY 🗸
ARMSTRONG,BRUCE	Reg O/T Hours 3&4 40.00	2,003.60	Earmigs 3	recerai State/Locai		
File: 000101	.0.00	2,000.00				
Dept: 000002						
Rate: 50,0900						
Dept: 000002	40.00 FR	1,508.48 FR	2			I
Rate: 37.7120			3,512.08	189.27 FIT 99.18 IL 43 S2 124.22 SS	273.13 N MEDINS 273.13- U MEDREI	Memo 🗆
				29.05 MED		3,070.36
LAUGHLIN,TIMOTHY SHANE	40.00	1,001.80				
Dept: 000002 Rate: 25.0450						
Dept: 000002	40.00 FR	1,468.40 FR	2			
Rate: 36.7100			2,470.20	121.92 FIT		Memo \square
				62.11 SS 14.53 MED		2,271.64
DEPT TOTAL	80.00 REG	3,005.40 REG	.00 O/T	311.19 FIT	.00 TOTAL DEDUCTIONS	2 Pays □
000002	.00 O/T	.00 EARNINGS 3	2,976.88 EARNINGS 4	186.33 SS		5,342.00
	.00 HOURS 3	.00 EARNINGS 5	5,982.28 GROSS	43.58 MED		
	80.00 HOURS 4			99.18 STATE		
HOURS ANALYSIS:	80.00	FR Fringe		,		<u> </u>
EARNINGS ANALYSIS:	2,976.88	FR Fringe				<u> </u>
STATUTORY DED. ANAL'	YSIS: 99.18	43 IL				

273.13- U MEDREI

ARMSTRONG ELEVATOR

Company Code: GTB

N MEDINS

273.13

Batch : 0780-030

Period Ending: 03/06/2021

Week 10

Service Center: 030

Pay Date : 03/10/2021

Page 1

VOLUNTARY DED. ANALYSIS:

(Name of signatory party)	(Title)
Do hereby state:	
that during the payroll period commencing ending the 6 day of March project have been paid the full weekly wag be made either directly or indirectly to Company from the full weekly (Contract person and that no deductions have been wages earned by any person, other the Regulations, Part 3 (29 CFR Subtitle A),	MELVIN PRICE FEDERÁL COURTHOUSE
above period are correct and complete; the contained therein are not less than the appropriate the contained therein are not less than the appropriate the contained therein are not less than the appropriate the contained the c	s contract required to be submitted for the last the wage rates for laborers or mechanics oplicable wage rates contained in any wage ot; that the classifications set forth therein for e work he performed.
fide apprenticeship program registered wit by the Bureau of Apprenticeship and Train	above period are duly registered in a bona h a State apprenticeship agency recognized ing, United States Department of Labor, or if State, are registered with the Bureau of a Department of Labor.

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

OFFICE MANAGER

DOREEN ROOKS

(4) That:

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN	Y FRICE FED	COURTHOUSE- EAS	1 31 LC				act N			47PF0019C0092	
Payroll No. 2				For			g: 3/	7/20			
					Day	and [Jaie				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	1	2	3	4	5	6	7		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8∨		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8				25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

D

PERSONNEL	HOURS Reg O/T Hours 3&4	EARNINGS Reg O/T Earnings 3&4 Earnings 5	GROSS	STATUTORY DEDUCTIONS Federal State/Focal	VOLUNTARY DEDUCTIONS	NET PAY 🗸
ARMSTRONG,BRUCE	40.00	2,003.60		1 Guerai State/Lucai		
File: 000101						
H Dept: 000090						
W Dept: 000002						
Rate: 50.0900						
Dept: 000002	40.00 F	1,508.48 F				1
Rate: 37.7120			3,512.08	192.14 FIT 99.18 IL 43 S	2 263.33 N MEDINS 263.33- U MEDREI	Memo \square
				124.22 SS		
				29.05 MED		3,067.49
LAUGHLIN,TIMOTHY	24.00	601.08				
SHANE						
File: 000178						
H Dept: 000099						
W Dept: 000002						
Rate: 25.0450						
Dept: 000002	24.00 F	881.04 F				1
Rate: 36.7100			1,482.12	59.56 FIT		Memo \Box
				37.27 SS		
				8.71 MED		1,376.58
DEPT TOTAL	64.00 REG	2,604.68 REG .00 0	 D/T	251.70 FIT	.00 TOTAL DEDUCTIONS	2 Pays □
000002	.00 O/T	.00 EARNINGS 3 2,389.52 E		161.49 SS		4,444.07
	.00 HOURS 3	.00 EARNINGS 5 4,994.20 0		37.76 MED		
	64.00 HOURS 4	, , , , , , , , , , , , , , , , , , , ,		99.18 STATE		
HOURS ANALYSIS:	64.00	F FRINGE		•	•	•

EARNINGS ANALYSIS:					
STATUTORY DED.	ANALYSIS:				
VOLUNTARY DED.	ANALYSIS:				

_YSIS:	64.00	F	FRINGE
NALYSIS:	2,389.52	F	FRINGE
DED. ANALYSIS:	99.18	43 IL	
DED. ANALYSIS:	263,33	N	MEDINS

263.33- U MEDREI

ARMSTRONG ELEVATOR

Company Code: GTB

Batch: **0476-030** Period Ending: **03/07/2020**

Week 11

Service Center: 030

Pay Date : 03/11/2020

I,	DOREEN ROOKS	<u>OFFICE MANAGER</u>
	(Name of signatory party)	(Title)
Do	ereby state:	
(1) Ar (Co that enc pro be Co per wag Reg Cop	That I pay or supervise the payment of the person astrong Elevator Company at GSA- MELVIN PFINTRACTOR (Building during the payroll period commencing on the 1	or work) day of March 2020 and 0, all persons employed on said that no rebates have been or will alf of said Armstrong Elevator ontractor) wages earned by any r directly or indirectly from the full sible deductions as defined in the Secretary of Labor under the
abo con det	That any payrolls otherwise under this contract of the period are correct and complete; that the wage ained therein are not less than the applicable was remination incorporated into the contract; that the collaborer or mechanic conform with the work he period.	e rates for laborers or mechanics age rates contained in any wage classifications set forth therein for
fide by t	hat any apprentices employed in the above peri apprenticeship program registered with a State at e Bureau of Apprenticeship and Training, United uch recognized agency exists in a State, are enticeship and Training, United States Departmen	pprenticeship agency recognized States Department of Labor, or if registered with the Bureau of
(4)	hat:	
. ,		
	i) WHERE FRINGE BENEFITS ARE PAID TO A GRAMS	PPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN	I PRICE FED	COURTHOUSE- EAS	T ST LC	DUIS, N	10	Contr	act N	0.:		47PF0019C0092	
Payroll No. 55 For week ending: 3/13/21											
					Day	and [Date				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	7	8	9	10	11	12	13		
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
VICTOR MC CALL	M	ELEVATOR								50.09	37.71
(b) (6)	1	MECHANIC								75.135	37.71
(b) (6)											

PERSONNEL	HOURS	EARNINGS		GROSS	STATUTORY DEDU		VOLUNTA	RY DEDUCTION	ONS	000000000000000000000000000000000000000	NET PAY	
	Reg O/T Hours 3&4		Earnings 3&4 Earnings 5		Federal	State/Local						
ARMSTRONG,BRUCE	40.00	2,003.60										
File: 000101												
Dept: 000002												
Rate: 50.0900												
Dept: 000002	40.00 FR		1,508.48 FR									_
Rate: 37.7120				3,512.08	189.27 FIT	99.18 IL 43 S2	273.13	N MEDINS	273.13- U	J MEDREI	Memo	
					124.23 SS							
					29.05 MED						3,07	0.35
_AUGHLIN,TIMOTHY	40.00	1,001.80										
SHANE												
File: 000178												
Dept: 000002												
Rate: 25.0450												
Dept: 000002	40.00 FR		1,468.40 FR									
Rate: 36.7100				2,470.20	121.92 FIT						Memo	
					62.11 SS							
					14.52 MED						2,27	1.65
DEPT TOTAL	80.00 REG	3,005.40 RE	G .00	Ο/Τ	311.19 FI	т		OO TOTAL	DEDUCTIONS	3	2 Pay	/s [
000002	.00 O/T			EARNINGS 4	186.34 S			.00 .01/12	22200		5,34	
***************************************	.00 HOURS 3		RNINGS 5 5,982.28		43.57 M						0,0	
	80.00 HOURS 4	100 271	0,002.20	Citodo	99.18 S							
HOURS ANALYSIS:	80.00	FR Fringe			1 00,10 0						1	
ARNINGS ANALYSIS:	2,976,88											
STATUTORY DED. AN												

273.13- U MEDREI

ARMSTRONG ELEVATOR

Company Code: GTB

N MEDINS

273.13

Sarrian Center : 200

Batch : **1643-030** Period Ending : **03/13/2021**

Week 11 Page 2

Service Center: **030** Pay Date: **03/17/2021**

VOLUNTARY DED. ANALYSIS:

(Name of signatory party)	(Title)
Do hereby state:	
that during the payroll period commending the 13 day of Maproject have been paid the full week be made either directly or indire Company from the full weekly (Operson and that no deductions have wages earned by any person, Regulations, Part 3 (29 CFR Subt	(Building or work) mencing on the 7 day of March 2021 and 2021, all persons employed on said ekly wages earned, that no rebates have been or will ctly to or on behalf of said Armstrong Elevator Contractor or subcontractor) wages earned by any e been made either directly or indirectly from the full other than permissible deductions as defined in citle A), issued by the Secretary of Labor under the tat. 948,63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40
	•
	-
above period are correct and comp contained therein are not less that	nder this contract required to be submitted for the blete; that the wage rates for laborers or mechanics in the applicable wage rates contained in any wage contract; that the classifications set forth therein for with the work he performed.
fide apprenticeship program registe by the Bureau of Apprenticeship ar	d in the above period are duly registered in a bona ered with a State apprenticeship agency recognized nd Training, United States Department of Labor, or if ts in a State, are registered with the Bureau of d States Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFIT PROGRAMS	S ARE PAID TO APPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

listed in the above referenced payroll, payments of fringe benefits as listed.

OFFICE MANAGER

DOREEN ROOKS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN PRICE FED COURTHOUSE- EAS						Contr	47PF0019C0092				
Payroll No. 3				For v			g: 3/1	4/20			
					Day	and [Date				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	8	9	10	11	12	13	14		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC						ਁ		75.135	37.71
(b) (6)	0	MECHANIC								/5.135	37.71
(5) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8			25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

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PERSONNEL	HOURS	EARNINGS		GROSS	STATUTORY DEDUCTIONS	VOLUNTARY DEDUCTIONS	NET PAY 🗸
	Reg O/T Hours 3&4	Reg O/T Earnings 3	34 Earnings 5		Federal State/Local		
ARMSTRONG,BRUCE	40.00	2,003.60					
File: 000101							
H Dept: 000090							
W Dept: 000002							
Rate: 50.0900							
Dept: 000002	40.00 F	1,508.48	F				<u> </u>
Rate: 37.7120				3,512.08	192.14 FIT 99.18 IL 43 S	32 263.33 N MEDINS 263.33- U MEDREI	Memo
					124.22 SS		
					29.05 MED		3,067.49
_AUGHLIN,TIMOTHY	32.00	801.44					
SHANE							
File: 000178							
H Dept: 000099							
W Dept: 000002							
Rate: 25.0450							
Dept: 000002	32.00 F	1,174.72	F				
Rate: 36.7100				1,976.16	83.61 FIT		Memo \square
					49.69 SS		
					11.62 MED		1,831.24
DEPT TOTAL	72.00 REG	2,805.04 REG	.00 O/	Т	275.75 FIT	.00 TOTAL DEDUCTIONS	2 Pays □
000002	.00 O/T	.00 EARNINGS 3	2,683.20 EA		173.91 SS		4,898.73
	.00 HOURS 3	.00 EARNINGS 5	5,488.24 GR		40,67 MED		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	72.00 HOURS 4		,		99.18 STATE		
HOURS ANALYSIS:	72.00	F FRINGE			•		ı
	2 202 22	E EDINOE					

EARNINGS ANALYSIS: STATUTORY DED. ANALYSIS: VOLUNTARY DED. ANALYSIS:

2,683.20 F FRINGE 99.18 43 IL

263.33

N MEDINS

263.33- U MEDREI



ARMSTRONG ELEVATOR

Company Code: GTB

Batch : 1282-030

Period Ending: 03/14/2020

Week 12

Service Center: 030

Pay Date : 03/18/2020

Page 2

I, DOREEN ROOKS	OFFICE MANAGER
(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period commencine ending the 14 day of March project have been paid the full weekly was be made either directly or indirectly to Company from the full weekly (Contract person and that no deductions have been wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle A)	- MELVIN PRICE FEDERAL COURTHOUSE (Building or work)
above period are correct and complete; contained therein are not less than the a	nis contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage act; that the classifications set forth therein for the work he performed.
fide apprenticeship program registered w by the Bureau of Apprenticeship and Trai	e above period are duly registered in a bona ith a State apprenticeship agency recognized ning, United States Department of Labor, or if a State, are registered with the Bureau of es Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PROGRAMS	E PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVI		COURTHOUSE- EAS	ST ST LC				ract N			47PF0019C0092	
Payroll No.	56			For			g: 3/2 (0/21			
					Day	and I	Date				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	14	15	16	17	18	19	20		
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
(b) (6)											
VICTOR MC CALL	М	ELEVATOR								50.09	37.71
(b) (6)	1	MECHANIC								75.135	37.71
(b) (6)											

PERSONNEL	HOURS Reg O/T Hours 3&4	EARNINGS	nrnings 3&4 Earnings 5	GROSS	STATUTORY DEDUC Federal S	TIONS fate/Local	VOLUNTARY DEDU	ICTIONS	NET PAY	
ARMSTRONG,BRUCE	Reg O/T Hours 3&4	Reg O/T Ea	irinigs sau carinigs s		reuerai S	iale/Locai			·	
File: 000101		, , , , , , , , , , , , , , , , , , , ,								
Dept: 000002										
Rate: 50,0900										
Dept: 000002	40.00 FR		1,508.48 FR							
Rate: 37.7120				3,512.08	189.27 FIT 124.22 SS	99.18 IL 43 S2	273.13 N MEDIN	IS 273.13- U MEDREI	Memo	
					29.06 MED				3,070	.35
LAUGHLIN,TIMOTHY SHANE	40.00	1,001.80								
File: 000178										
Dept: 000002										
Rate: 25.0450										
Dept: 000002	40.00 FR		1,468.40 FR							
Rate: 36.7100				2,470.20	121.92 FIT				Memo	
					62.11 SS					
					14.53 MED				2,271	.64
DEPT TOTAL	80.00 REG	3,005.40 REG	.00	D/T	311.19 FIT		.00 TC	TAL DEDUCTIONS	2 Pays	3 🗆
000002	.00 O/T	.00 EARNIN		EARNINGS 4	186.33 SS				5,341	
	.00 HOURS 3	.00 EARNIN			43.59 MED)				
	80.00 HOURS 4		,		99.18 STA	TE				
HOURS ANALYSIS:	80.00	FR Fringe			•		•		•	—
EARNINGS ANALYSIS:	2,976.88	FR Fringe								
STATUTORY DED, ANA	LYSIS: 99,18	43 IL								

Labor Distribution

ARMSTRONG ELEVATOR

Company Code: GTB

Batch : 2489-030 Period Ending : 03/20/2021

Week 12 Page 1

Service Center: 030 Pay Date : 03/24/2021

VOLUNTARY DED. ANALYSIS:

273.13

(Name of signatory party)	(Title)	
Do hereby state:		
(1) That I pay or supervise the payment of the Armstrong Elevator Company at GSA-ME (Contractor or Subcontractor) (Estate during the payroll period commencing on ending the 20 day of March project have been paid the full weekly wages be made either directly or indirectly to or Company from the full weekly (Contractor of person and that no deductions have been made wages earned by any person, other than Regulations, Part 3 (29 CFR Subtitle A), issue Copeland Act, as amended (48 Stat. 948,63 U.S.C. 276c), and described below:	LVIN PRICE FEDERAL COUP Building or work) the 14 day of March 2021, all persons employ earned, that no rebates have be on behalf of said Armstrong or subcontractor) wages earn de either directly or indirectly fr permissible deductions as used by the Secretary of Labor	2021 and ed on said been or will generated by any rom the full defined in under the
(2) That any payrolls otherwise under this coabove period are correct and complete; that the contained therein are not less than the applied determination incorporated into the contract; the each laborer or mechanic conform with the wood	he wage rates for laborers or cable wage rates contained in nat the classifications set forth	mechanics any wage
(3) That any apprentices employed in the abordide apprenticeship program registered with a by the Bureau of Apprenticeship and Training, no such recognized agency exists in a Strapprenticeship and Training, United States De	State apprenticeship agency United States Department of ate, are registered with the	recognized Labor, or if
(4) That:		

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

OFFICE MANAGER

DOREEN ROOKS

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN PRICE FED COURTHOUSE- EAS						Contr	47PF0019C0092				
Payroll No. 4				For v			g: 3/2	21/20			
	_				Day	and I	Date -				· ·
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	15	16	17	18	19	20	21		
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC	8	8	8	8			8	25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

D

PERSONNEL	HOURS		EARNINGS			GROSS	STATUTORY DEDUC	CTIONS	VOLUNTA	ARY DEDUCTION	ONS	NETPAY	
	Reg O/T	Hours 3&4	Reg O	/T Earnings 38	4 Earnings 5		Federal S	tate/Local					
ARMSTRONG,BRUCE	40.00		2,003.60										
File: 000101													
H Dept: 000090													
W Dept: 000002													
Rate: 50,0900													
Dept: 000002		40.00 FR		1,508.48	FR								_
Rate: 37.7120						3,512.08	192.14 FIT	99.18 IL 43 S2	263.33	N MEDINS	263.33- U MEDREI	Memo	
							124.22 SS						
							29.06 MED					3,067	7.48
LAUGHLIN,TIMOTHY	40.00		1,001.80										
SHANE													
File: 000178													
H Dept: 000099													
W Dept: 000002													
Rate: 25.0450													
Dept: 000002		40.00 FR		1,468.40	FR								_
Rate: 36.7100						2,470.20	123.36 FIT					Memo	
							62.11 SS						
							14.53 MED					2,270).20
DEPT TOTAL	80.00 F	REG	3,005.40	REG	.00 (D/T	315.50 FIT			00 TOTAL	DEDUCTIONS	2 Pay	/s 🗌
000002	.00 0		·	EARNINGS 3	2,976.88 E		186.33 SS					5,337	
		HOURS 3		EARNINGS 5	5,982.28		43.59 MEI						
	80.00 H				-,		99.18 STA						
HOURS ANALYSIS:	1 20120 1	80.00	FR Fringe										
FARNINGS ANALYSIS:		2 976 88	FR Fringe										

EARNINGS ANALYSIS: STATUTORY DED. ANALYSIS: VOLUNTARY DED, ANALYSIS:

2,976.88 FR Fringe 99.18 43 IL 263.33 N MEDINS

263,33- U MEDREI



ARMSTRONG ELEVATOR

Company Code: GTB

Batch : 2061-030 Period Ending : 03/21/2020

Service Center: 030

Week 13

Pay Date : 03/25/2020

I, DOREEN ROOKS	OFFICE MANAGER
(Name of signatory party)	(Title)
Do hereby state:	
that during the payroll period commer ending the 21 day of Mar project have been paid the full weekly be made either directly or indirectly Company from the full weekly (Conperson and that no deductions have b wages earned by any person, oth Regulations, Part 3 (29 CFR Subtitle	SA- MELVIN PRICE FEDERAL COURTHOUSE (Ruilding or work)
above period are correct and complet contained therein are not less than the	er this contract required to be submitted for the e; that the wage rates for laborers or mechanics he applicable wage rates contained in any wage ntract; that the classifications set forth therein for high the work he performed.
fide apprenticeship program registere by the Bureau of Apprenticeship and	the above period are duly registered in a bona d with a State apprenticeship agency recognized fraining, United States Department of Labor, or if in a State, are registered with the Bureau of tates Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFITS A	RE PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Payroll No.	57			For	week	ending	g: 3/2	7/21			
					and [
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	21	22	23	24	25	26	27		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
(b) (6)											
VIOTOD MO CALL	D.4	ELEVATOR								50.00	07.74
VICTOR MC CALL (b) (6)	M	ELEVATOR MECHANIC								50.09	37.71
(b) (6)	'	MECHANIC								75.135	37.71

PERSONNEL	HOURS Reg O/T Hours 3&4	EARNINGS Reg O/T Earnings 3&		ROSS S	TATUTORY DEDUC	CTIONS State/Local	VOLUNTARY D	EDUCTIONS	NET	TPAY 🗸
ARMSTRONG,BRUCE	Reg O/T Hours 3&4 40.00	2,003.60	4 Carillings 3		reuerar c	otate/Lucai				***************************************
File: 000101		2,000.00								
Dept: 000002										
Rate: 50,0900										
Dept: 000002	40.00 FR	1,508.48	FR							
Rate: 37.7120			3	3,512.08	189.27 FIT 124.22 SS	99.18 IL 43 S2	273.13 N M	EDINS 273.13- U	J MEDREI Mem	no \square
					29.05 MED					3,070.36
LAUGHLIN,TIMOTHY SHANE	40.00	1,001.80								
File: 000178										
Dept: 000002										
Rate: 25,0450										
Dept: 000002	40.00 FR	1,468.40	FR							
Rate: 36.7100			2	2,470.20	121.92 FIT				Mem	no \square
					62.12 SS 14.53 MED					2,271.63
DEPT TOTAL	80.00 REG	3,005.40 REG	.00 O/T		311.19 FIT		.00	TOTAL DEDUCTIONS	s	2 Pays □
000002	.00 O/T	.00 EARNINGS 3	2,976.88 EARN	NINGS 4	186.34 SS					5,341.99
	.00 HOURS 3	.00 EARNINGS 5	5,982.28 GROS	ss	43.58 ME	D				·
	80.00 HOURS 4		,		99.18 ST/	ATE				
HOURS ANALYSIS:	80.00	FR Fringe		•					•	
EARNINGS ANALYSIS:	2,976.88	FR Fringe								
STATUTORY DED. ANAL	YSIS: 99.18	43 IL								

ARMSTRONG ELEVATOR

Company Code: GTB

N MEDINS

273.13

Batch : **3450-030**

Period Ending: 03/27/2021

Week 13

Service Center: 030

Pay Date : 03/31/2021

Page 2

VOLUNTARY DED. ANALYSIS:

(Name of signatory party)	(Title)
Do hereby state:	
that during the payroll period commending the 27 day of Ma project have been paid the full week be made either directly or indirectly or indir	(Building or work) encing on the 21 day of March 2021 and 2021, all persons employed on said dy wages earned, that no rebates have been or will tilly to or on behalf of said Armstrong Elevator ontractor or subcontractor) wages earned by any been made either directly or indirectly from the full other than permissible deductions as defined in tile A), issued by the Secretary of Labor under the at. 948,63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40
	•
above period are correct and complete contained therein are not less than	der this contract required to be submitted for the lete; that the wage rates for laborers or mechanics the applicable wage rates contained in any wage contract; that the classifications set forth therein for with the work he performed.
fide apprenticeship program registe by the Bureau of Apprenticeship an	in the above period are duly registered in a bona red with a State apprenticeship agency recognized d Training, United States Department of Labor, or if s in a State, are registered with the Bureau of I States Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFITS	S ARE PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

OFFICE MANAGER

DOREEN ROOKS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVII	N PRICE FED) Courthouse- Eas	ST ST LC				ract N			47PF0019C0092	
Payroll No. 5				For v			g: 3/2	28/20			
Day and Date											
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	22	23	24	25	26	27	28		
Bruce Armstrong	М	ELEVATOR	Ī	8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
(5) (6)	U	ALLINE								37.300	30.71

PERSONNEL	HOURS	EARNINGS	GROSS	STATUTORY DEDUCTIONS	VOLUNTARY DEDUCTIONS	NET PAY 🗸
	Reg O/T Hours 3&4	Reg O/T Earnings 3&4 Earnings	5	Federal State/Local		
ARMSTRONG,BRUCE	40.00	2,003.60				
File: 000101						
Dept: 000002						
Rate: 50.0900						
Dept: 000002	40.00 FR	1,508.48 FR				
Rate: 37.7120			3,512.08	192.14 FIT 99.18 IL 43 S2	2 263.33 N MEDINS 263.33- U MEDREI	Memo
				124.23 SS		
				29.05 MED		3,067.48
LAUGHLIN,TIMOTHY	40.00	1,001.80				
SHANE						
File: 000178						
Dept: 000002						
Rate: 25.0450						
Dept: 000002	40.00 FR	1,468.40 FR				
Rate: 36.7100			2,470.20	123.36 FIT		Memo \Box
				62.12 SS		
				14.53 MED		2,270.19
DEPT TOTAL	80.00 REG	3,005.40 REG .00	O/T	315.50 FIT	.00 TOTAL DEDUCTIONS	2 Pays
000002	.00 O/T		EARNINGS 4	186.35 SS	.00 TOTAL DEDUCTIONS	5,337.67
000002	.00 HOURS 3	· ·	GROSS	43.58 MED		3,337.07
	80.00 HOURS 4	.00 EARNINGS 5 5,962.20	GROSS	99,18 STATE		
HOLIDE ANALYSIS:		ED Eringo		99,10 STATE		
HOURS ANALYSIS:	80.00	·				
EARNINGS ANALYSIS:	2,976.88	3				
STATUTORY DED. ANA	LYSIS: 99.18	43 IL				

Labor Distribution

ARMSTRONG ELEVATOR

Batch: 2945-030 Period Ending: 03/28/2020 Pay Date : 04/01/2020 Week 14 Page 2

Company Code: GTB Service Center: 030

VOLUNTARY DED. ANALYSIS:

263.33

(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period commencine ending the 28 day of March project have been paid the full weekly wabe made either directly or indirectly to Company from the full weekly (Contract person and that no deductions have been wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle A).	- <u>MELVIN PRICE FEDERAL COUR</u> THOUSE (Building or work) g on the 22 day of March 2020 and
above period are correct and complete; contained therein are not less than the a	his contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage act; that the classifications set forth therein for e work he performed.
fide apprenticeship program registered w by the Bureau of Apprenticeship and Trai	e above period are duly registered in a bona ith a State apprenticeship agency recognized ning, United States Department of Labor, or if a State, are registered with the Bureau of as Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFITS ARE	PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

OFFICE MANAGER

DOREEN ROOKS

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)				
	DATE:				

Project/Location: GSA MELVI	T ST LOUIS, MO Contract No.: For week ending: 4/25/20						47PF0019C0092				
Payroll No. 9				For v				25/20			
					Day	and [
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	19	20	21	22	23	24	25		
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)		,,,,,,,,,,,								7.5.255	02
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

PERSONNEL	HOURS	EARNINGS		GROSS	STATUTORY DEDU		VOLUNTA	RY DEDUCTION	ONS	NET PAY 🗸
ARMSTRONG,BRUCE	Reg O/T Hours 3&4 40.00	Reg O/T Earnings 3&4 2,003.60	4 Earnings 5		Federal 5	State/Local				
File: 000101										
Dept: 000002										
Rate: 50.0900										
Dept: 000002	40.00 FR	1,508.48 F	FR							-
Rate: 37.7120				3,512.08	192.14 FIT 124.22 SS 29.06 MED	99.18 IL 43 S2	263.33	N MEDINS	263.33- U MEDREI	Memo
LAUGHLIN,TIMOTHY SHANE	40.00	1,001.80								
File: 000178										
Dept: 000002										
Rate: 25,0450										
Dept: 000002	40.00 FR	1,468.40 F	FR							
Rate: 36.7100				2,470.20	123.36 FIT					Memo 🗆
					62.11 SS					
					14.53 MED					2,270.20
DEPT TOTAL	80.00 REG	3,005.40 REG	.00.		315.50 FIT			.00 TOTAL	DEDUCTIONS	2 Pays -
000002	.00 O/T	.00 EARNINGS 3		EARNINGS 4	186.33 SS					5,337.68
	.00 HOURS 3	.00 EARNINGS 5	5,982.28	GROSS	43.59 ME					
	80.00 HOURS 4				99.18 ST	AIE				
HOURS ANALYSIS:	80.00									
EARNINGS ANALYSIS:	2,976.88	<u> </u>								
STATUTORY DED. ANA	LYSIS: 99.18	43 IL								

Labor Distribution

ARMSTRONG ELEVATOR

Company Code: GTB

Batch : **6385-030** Period Ending : **04/25/2020**

Week 18

Service Center: 030

Pay Date : 04/29/2020

Page 2

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VOLUNTARY DED. ANALYSIS:

263.33

I,	DOREEN ROOKS	OFFICE MANAGER
	(Name of signatory party)	(Title)
Do	hereby state:	
tha end pro be Co per wag Reg	t during the payroll period commeding the 25 day of Apriject have been paid the full weekly made either directly or indirectly made made either directly or indirectly from the full weekly (Coson and that no deductions have ges earned by any person, of gulations, Part 3 (29 CFR Subtitly	ent of the persons employed by GSA-MELVIN PRICE FEDERAL COURTHOUSE (Building or work) Incing on the 19 day of April 2020 and 2020, all persons employed on said y wages earned, that no rebates have been or will y to or on behalf of said Armstrong Elevator ntractor or subcontractor) wages earned by any been made either directly or indirectly from the full her than permissible deductions as defined in e A), issued by the Secretary of Labor under the t. 948,63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40
abo cor det	ove period are correct and complete tained therein are not less than	ler this contract required to be submitted for the ete; that the wage rates for laborers or mechanics the applicable wage rates contained in any wage ontract; that the classifications set forth therein for ith the work he performed.
fide by no	e apprenticeship program register the Bureau of Apprenticeship and	in the above period are duly registered in a bona ed with a State apprenticeship agency recognized Training, United States Department of Labor, or if in a State, are registered with the Bureau of States Department of Labor.
(4)	That:	
	(a) WHERE FRINGE BENEFITS OGRAMS	ARE PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)				
	DATE:				

58		Project/Location: GSA MELVIN PRICE FED COURTHOUSE- EAST ST LOUIS, MO Contract No.: 47PF0019C0092								
Payroll No. 58 For week ending: 4/3/21										
				Day	and [Date				
Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
Dep	Classification	28	29	30	31	1	2	3		
М	ELEVATOR		8	8	8	8	8		50.09	37.71
0	MECHANIC								75.135	37.71
S	MECHANIC		8	8	8	8	8		25.05	36.71
0	APPRENTICE								37.568	36.71
М										37.71
1	MECHANIC								75.135	37.71
									_	
	M 0 S 0	Dep Classification M ELEVATOR 0 MECHANIC S MECHANIC 0 APPRENTICE M ELEVATOR	Dep Classification 28 M ELEVATOR MECHANIC S MECHANIC O APPRENTICE M ELEVATOR	Dep Classification 28 29	Tax/	Tax/	Dep Classification 28 29 30 31 1	Tax/	Tax/ Work S M T W T F S	Tax/

PERSONNEL	HOURS Reg O/T Hours 3&4	EARNINGS Reg 0/T Earnings 3		ROSS	STATUTORY DEDUCTI Federal Sta	ONS te/Local	VOLUNTARY DEDUCT	TIONS	NET PAY 🗸
ARMSTRONG,BRUCE	Reg O/T Hours 3&4 40.00	2,003.60	04 Carimiys 3		reuerai Sia	te/Local			
File: 000101	.0.00	2,000.00							
Dept: 000002									
Rate: 50,0900									
Dept: 000002	40.00 FR	1,508.48	FR						
Rate: 37.7120				3,512.08	189.27 FIT 124.22 SS	99.18 IL 43 S2	273.13 N MEDINS	273.13- U MEDREI	Memo
					29.05 MED				3,070.36
LAUGHLIN,TIMOTHY SHANE	40.00	1,001.80							
File: 000178									
Dept: 000002									
Rate: 25.0450									
Dept: 000002	40.00 FR	1,468.40	FR						
Rate: 36.7100				2,470.20	121.92 FIT				Memo
					62.11 SS 14.52 MED				2,271.65
DEPT TOTAL	80.00 REG	3,005.40 REG	.00 O/T	r	311.19 FIT		.00 TOTA	L DEDUCTIONS	2 Pays
000002	.00 O/T	.00 EARNINGS 3	2,976.88 EAI		186.33 SS				5,342.01
	.00 HOURS 3	.00 EARNINGS 5	5,982.28 GR	oss	43.57 MED				
	80.00 HOURS 4		,		99.18 STATE	=			
HOURS ANALYSIS:	80.00	FR Fringe					•		•
EARNINGS ANALYSIS:	2,976.88	FR Fringe							
STATUTORY DED. ANAL	YSIS: 99.18	43 IL							

ARMSTRONG ELEVATOR

Company Code: GTB

Batch : 4240-030 Period Ending : 04/03/2021 Pay Date : 04/07/2021 Week 14 Page 1

N MEDINS

273.13

Service Center: 030

VOLUNTARY DED. ANALYSIS:

-,	(Name of signatory party)	(Title)
Do	hereby state:	
tha encopro be Corper was Res	t during the payroll period commencing on the	PRICE FEDERAL COURTHOUSE g or work) 28 day of March 2021 and 21, all persons employed on said I, that no rebates have been or will half of said Armstrong Elevator contractor) wages earned by any er directly or indirectly from the full issible deductions as defined in the Secretary of Labor under the
abo con det	That any payrolls otherwise under this contract ove period are correct and complete; that the way tained therein are not less than the applicable wermination incorporated into the contract; that the chilaborer or mechanic conform with the work he payroll.	ge rates for laborers or mechanics wage rates contained in any wage classifications set forth therein for
fide by t	That any apprentices employed in the above per eapprenticeship program registered with a State of the Bureau of Apprenticeship and Training, United such recognized agency exists in a State, are prenticeship and Training, United States Department	apprenticeship agency recognized d States Department of Labor, or if re registered with the Bureau of
(4)	That:	
	(a) WHERE FRINGE BENEFITS ARE PAID TO	APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

OFFICE MANAGER

DORFEN ROOKS

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER



Project/Location: GSA MELV	'IN PRICE FED	COURTHOUSE- EAS	T ST LC				ract N			47PF0019C0092	
Payroll No. 6				For			g: 4/	4/20			
					Day	and I					
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	29	30	31	1	2	3	4		
.				ı			ı				
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
(
TIMOTHY LAUG <mark>A</mark> LIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
· · ·											

PERSONI	NEL	HOURS Reg 0/1 Hours 3&4	EARNINGS Reg	O/T Earnings 38	§4 Earnings	GROSS	STATUTORY DED Federal	UCTIONS State/Local	VOLUNTARY DEDUC	TIONS	NET PAY 🗸
ARMSTRO	NG,BRUCE	40.00	2,003.60								
	000101 000002										
Rate:	50.0900										
Dept:	000002	40.00 FR		1,508.48	FR						
Rate:	37.7120					3,512.08	192.14 FIT 124.22 SS 29.05 MED	99.18 IL 43 S2	263.33 N MEDINS	263.33- U MEDREI	Memo 3,067.49
LAUGHLIN SHANE	I,TIMOTHY	40.00	1,001.80								
File:	000178										
•	000002										
	25.0450										
Dept:	000002	40.00 FR		1,468.40	FR						
Rate:	36.7100					2,470.20	123.36 FIT 62.11 SS 14.52 MED				Memo 2,270.21
DEPT TO 000002	TAL	80.00 REG .00 O/T	3,005.4	REG EARNINGS 3		O/T EARNINGS 4	315.50 F 186.33 S		.00 TOTA	AL DEDUCTIONS	2 Pays 5,337.70
000002		.00 O/1 .00 HOURS 3 80,00 HOURS 4		EARNINGS 5	5,982.28		43.57 M	MED			5,337.70
HOURS A	NALYSIS:	80.00	FR Fringe						1		1
	S ANALYSIS:	2,976.88	FR Fringe								
	RY DED, ANA										
VOLUNTAR	RY DED. ANA	LYSIS: 263.33	N MEDINS		263.33-	U MEDREI					

Labor Distribution

ARMSTRONG ELEVATOR

Batch: 3869-030 Period Ending: 04/04/2020 Pay Date : 04/08/2020 Week 15 Page 1

Company Code: GTB Service Center: 030

I, DOREEN ROOKS	OFFICE MANAGER
(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period commencine ending the 4 day of April project have been paid the full weekly wabe made either directly or indirectly to Company from the full weekly (Contract person and that no deductions have been wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle A),	- MELVIN PRICE FEDERAL COURTHOUSE
above period are correct and complete; to contained therein are not less than the a	his contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage act; that the classifications set forth therein for e work he performed.
fide apprenticeship program registered wi by the Bureau of Apprenticeship and Train	e above period are duly registered in a bona ith a State apprenticeship agency recognized ning, United States Department of Labor, or if a State, are registered with the Bureau of as Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PROGRAMS	PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELV Payroll No.	59		,, 0, 10				act N g: 4/10			47PF0019C0092	
r dyron rvo.			Т			and I					
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	4	5	6	7	8	9	10		
				,			1				
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
(b) (6)											
VICTOR MC CALL	M	ELEVATOR								50.09	37.71
(b) (6) (b) (6)	1	MECHANIC								75.135	37.71

	HOURS (୧୯୭୦ ୧୯୬୫ ଅନୁସାରେ ୧୯୬୫	EARNINGS	NT Facilities 2.54 Facilities	GROSS	STATUTORY DEDUCTIONS Sectoral State/Rocal	VOLUNTARY DEDUCTIONS	NET PAY 🗸
ARMSTRONG,BRUCE	Reg O/T Hours 3&4 40.00	Reg (D/T Earnings 3&4 Earnings !	2	recerai State/Locai		
File: 000101		,					
Dept: 000002							
Rate: 50.0900							
Dept: 000002	40.00 FR		1,508.48 FR				1
Rate: 37.7120				3,512.08	189.27 FIT 99.18 IL 43	S2 273.13 N MEDINS 273.13- U MEDREI	Memo
					124.23 SS		
					29.05 MED		3,070.35
LAUGHLIN,TIMOTHY	40.00	1,001.80					
SHANE							
File: 000178							
Dept: 000002							
Rate: 25,0450							
Dept: 000002	40.00 FR		1,468.40 FR				_
Rate: 36.7100				2,470.20	121.92 FIT		Memo
					62.11 SS		
					14.53 MED		2,271.64
DEPT TOTAL	80.00 REG	3,005.40	REG .00	O/T	311.19 FIT	.00 TOTAL DEDUCTIONS	2 Pays □
000002	.00 O/T	.00	EARNINGS 3 2,976.88	EARNINGS 4	186.34 SS		5,341.99
	.00 HOURS 3	.00	EARNINGS 5 5,982.28	GROSS	43.58 MED		
	80.00 HOURS 4		,		99.18 STATE		
HOURS ANALYSIS:	80.00	FR Fringe				•	•
EARNINGS ANALYSIS:	2,976.88	FR Fringe					
STATUTORY DED, ANALY	YSIS: 99,18						

ARMSTRONG ELEVATOR Company Code: GTB

N MEDINS

273.13

Batch : 5033-030

Period Ending: 04/10/2021 Pay Date : 04/14/2021 Week 15 Page 2

Service Center: 030

VOLUNTARY DED. ANALYSIS:

(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period commencine ending the 10 day of April project have been paid the full weekly was be made either directly or indirectly to Company from the full weekly (Contraperson and that no deductions have been wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle A)	- MELVIN PRICE FEDERAL COURTHOUSE (Building or work)
above period are correct and complete; contained therein are not less than the	his contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage act; that the classifications set forth therein for ne work he performed.
fide apprenticeship program registered w by the Bureau of Apprenticeship and Trai	he above period are duly registered in a bona with a State apprenticeship agency recognized ining, United States Department of Labor, or if a State, are registered with the Bureau of es Department of Labor.
(4) That:	

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

OFFICE MANAGER

DOREEN ROOKS

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

XPLANATION

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN	PRICE FED	COURTHOUSE- EAS	I SI LC				act N			47PF0019C0092	
Payroll No. 7				For v		ending					
			Day and Date								
Name, Address	Tax/	Work	S	M	Т	W	T	F	S	Rate	Fringe
	Dep	Classification	5	6	7	8	9	10	11		
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
	1										

PERSONNEL	HOURS	EARNINGS			STATUTORY DEDU		VOLUNTA	RY DEDUCTION	ONS	NET PAY 🗸
ARMSTRONG,BRUCE	Reg O/T Hours 3&4 40.00	Reg O/T Earnings 3&4 2,003.60	4 Earnings 5		Federal	State/Local				
File: 000101										
Dept: 000002										
Rate: 50.0900										
Dept: 000002	40.00 FR	1,508.48 F	FR							!
Rate: 37.7120				3,512.08	192.14 FIT 124.22 SS 29.05 MED	99.18 IL 43 S2	263.33	N MEDINS	263.33- U MEDREI	Memo 3,067.49
LAUGHLIN,TIMOTHY SHANE	40.00	1,001.80								
File: 000178										
Dept: 000002										
Rate: 25,0450										
Dept: 000002	40.00 FR	1,468.40 F	FR							
Rate: 36.7100				2,470.20	123.36 FIT					Memo
					62.11 SS					
					14.53 MED					2,270.20
DEPT TOTAL	80.00 REG	3,005.40 REG	.00		315.50 FI			.00 TOTAL	DEDUCTIONS	2 Pays 🗆
000002	.00 O/T	.00 EARNINGS 3		EARNINGS 4	186.33 SS					5,337.69
	.00 HOURS 3	.00 EARNINGS 5	5,982.28	GROSS	43.58 M					
	80.00 HOURS 4				99.18 S	TATE				
HOURS ANALYSIS:	80.00	<u> </u>								
EARNINGS ANALYSIS:	2,976.88	FR Fringe								
STATUTORY DED, ANA	LYSIS: 99.18	43 IL								

Labor Distribution

ARMSTRONG ELEVATOR

Company Code: GTB

Batch: 4802-030 Period Ending: 04/11/2020 Pay Date : 04/15/2020 Week 16 Page 2

Service Center: 030

VOLUNTARY DED. ANALYSIS:

263.33

I,	DOREEN ROOKS	OFFICE MANAGER
		(Title)
Do h	ereby state:	
	That I pay or supervise the payment of the persons strong Elevator Company at GSA- MELVIN PR	
(Co	ntractor or Subcontractor) (Building	or work)
that	during the payroll period commencing on the $\frac{5}{1000}$ g the $\frac{11}{1000}$ day of $\frac{1}{10000}$	$_$ day of $ ilde{ t April}$ 2020 and
endi	ng the <u>II day of April</u> 2020	, all persons employed on said
	ect have been paid the full weekly wages earned, t	
	nade either directly or indirectly to or on behal	
	pany from the full weekly (Contractor or subcoon and that no deductions have been made either	
	es earned by any person, other than permiss	
	ulations, Part 3 (29 CFR Subtitle A), issued by the	
Cop	eland Act, as amended (48 Stat. 948,63 Stat. 108	3, 72 Stat. 967; 76 Stat. 357; 40
U.S.	C. 276c), and described below:	
abov cont dete	That any payrolls otherwise under this contract rule period are correct and complete; that the wage ained therein are not less than the applicable was rmination incorporated into the contract; that the classorer or mechanic conform with the work he pe	rates for laborers or mechanics ge rates contained in any wage assifications set forth therein for
fide by th	That any apprentices employed in the above period apprenticeship program registered with a State apple Bureau of Apprenticeship and Training, United State, are such recognized agency exists in a State, are tenticeship and Training, United States Department	prenticeship agency recognized States Department of Labor, or if registered with the Bureau of
(4) 7	hat:	
(· /	·· ···	
	a) WHERE FRINGE BENEFITS ARE PAID TO AF GRAMS	PPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

XPLANATION

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELV Payroll No.	60						act N g: 4/1			47PF0019C0092	
			Day and Date								
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	11	12	13	14	15	16	17		
							1				
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE		"	0	"	١	١		37.568	36.71
(b) (6)		7								0000	
VICTOR MC CALL	М	ELEVATOR								50.09	37.71
(b) (6)	1	MECHANIC								75.135	37.71
(b) (6)											

PERSONNEL	HOURS Reg O/T Hours 3&4	EARNINGS	rnings 3&4 Earnings 5	GROSS	STATUTORY DEDUC Federal S	CTIONS State/Local	VOLUNTARY DEDU	ICTIONS	NET PAY	
ARMSTRONG,BRUCE	Reg O/T Hours 3&4	Reg O/T Eau 2,003.60	mings 364 Earnings 3		Federal 3	nate/Lucai				
File: 000101		,								
Dept: 000002										
Rate: 50,0900										
Dept: 000002	40.00 FR		1,508.48 FR							
Rate: 37.7120				3,512.08	189.27 FIT 124.22 SS	99.18 IL 43 S2	273.13 N MEDIN	IS 273.13- U MEDREI	Memo	
					29.06 MED				3,070	.35
LAUGHLIN,TIMOTHY SHANE	40.00	1,001.80								
File: 000178										
Dept: 000002										
Rate: 25,0450										
Dept: 000002	40.00 FR		1,468.40 FR							
Rate: 36.7100				2,470.20	121.92 FIT				Memo	
					62.11 SS					
					14.52 MED				2,271	.65
DEPT TOTAL	80.00 REG	3,005.40 REG	.00	D/T	311.19 FIT		.00 TC	TAL DEDUCTIONS	2 Pays	, 🗆
000002	.00 O/T	.00 EARNIN		EARNINGS 4	186.33 SS				5,342	
	.00 HOURS 3	.00 EARNIN			43.58 MEI	D			, ,	
	80.00 HOURS 4		.,		99.18 STA					
HOURS ANALYSIS:	80.00	FR Fringe			•				•	—
EARNINGS ANALYSIS:	2,976.88	FR Fringe								
STATUTORY DED, ANA	LYSIS: 99,18	43 IL								

Labor Distribution

ARMSTRONG ELEVATOR

Company Code: GTB

Service Center: 030

Batch : **5981-030** Period Ending : **04/17/2021** Pay Date : 04/21/2021 Week 16 Page 1

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VOLUNTARY DED. ANALYSIS:

273.13

I, DOREEN ROOKS	OFFICE MANAGER
(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period comme ending the 17 day of Apr project have been paid the full week be made either directly or indirect Company from the full weekly (Coperson and that no deductions have wages earned by any person, of Regulations, Part 3 (29 CFR Subtiti	nent of the persons employed by GSA- MELVIN PRICE FEDERAL COURTHOUSE (Building or work) encing on the 11 day of April 2021 and 11 2021, all persons employed on said by wages earned, that no rebates have been or will be to or on behalf of said Armstrong Elevator ontractor or subcontractor) wages earned by any been made either directly or indirectly from the full her than permissible deductions as defined in e A), issued by the Secretary of Labor under the t. 948,63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40
above period are correct and comple contained therein are not less than	der this contract required to be submitted for the ete; that the wage rates for laborers or mechanics the applicable wage rates contained in any wage contract; that the classifications set forth therein for ith the work he performed.
fide apprenticeship program register by the Bureau of Apprenticeship and	in the above period are duly registered in a bona ed with a State apprenticeship agency recognized Training, United States Department of Labor, or if in a State, are registered with the Bureau of States Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFITS PROGRAMS	ARE PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN PRICE FED COURTHOUSE- EAST ST LOUIS, MO Contract No.: 47PF0019C0092											
Payroll No. 8		For week ending: 4/18/20									
					Day	and I	Date				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	12	13	14	15	16	17	18		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	12	8	4		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
(8) (8)		ALTRENTIOL								07.000	30.71

										
PERSONNEL	HOURS Reg O/T Hours 3&4	EARNINGS Reg O/T Earnings 3&4			STATUTORY DEDUC	TIONS ate/Local	VOLUNTA	ARY DEDUCTI	ONS	NET PAY 🗸
ARMSTRONG,BRUCE	40.00	2,003.60	Lamings J	000000000000000000000000000000000000000	i edelai	late/Local	kooccoccoccocco			
File: 000101	10.00	2,000.00								
Dept: 000002										
Rate: 50.0900										
Dept: 000002	40.00 FR	1,508.48 FF	R							
Rate: 37.7120				3,512.08	192.14 FIT	99.18 IL 43 S2	263.33	N MEDINS	263.33- U MEDREI	Memo \square
					124.23 SS					
					29.05 MED					3,067.48
LAUGHLIN,TIMOTHY	40.00	1,001.80								
SHANE										
File: 000178										
Dept: 000002										
Rate: 25.0450										
Dept: 000002	40.00 FR	1,468.40 FF	R							
Rate: 36.7100				2,470.20	123.36 FIT					Memo 🗆
					62.11 SS					
					14.52 MED					2,270.21
DEPT TOTAL	80.00 REG	3,005.40 REG	.00	D/T	315.50 FIT			.00 TOTAL	DEDUCTIONS	2 Pays □
000002	.00 O/T	.00 EARNINGS 3		EARNINGS 4	186.34 SS					5,337.69
	.00 HOURS 3	.00 EARNINGS 5	5,982.28		43.57 MED)				,
	80.00 HOURS 4		,		99,18 STA	TE				
HOURS ANALYSIS:	80.00	FR Fringe			•					
EARNINGS ANALYSIS:	2,976.88	FR Fringe								
STATUTORY DED. ANA	LYSIS: 99.18	43 IL								

ARMSTRONG ELEVATOR

Service Center: 030

Batch : 5600-030 Period Ending : 04/18/2020 Pay Date : 04/22/2020 Week 17 Page 1

Company Code: GTB

VOLUNTARY DED. ANALYSIS:

263.33

I, DOREEN ROOKS	OFFICE MANAGER
(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period commending the 18 day of Approject have been paid the full week be made either directly or indirecompany from the full weekly (Operson and that no deductions have wages earned by any person, Regulations, Part 3 (29 CFR Subsequence)	(Building or work) mencing on the 12 day of April 2020 and 2021. Set wages earned, that no rebates have been or will citly to or on behalf of said Armstrong Elevator Contractor or subcontractor) wages earned by any re been made either directly or indirectly from the full other than permissible deductions as defined in title A), issued by the Secretary of Labor under the tat. 948,63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40
above period are correct and complex contained therein are not less that	nder this contract required to be submitted for the plete; that the wage rates for laborers or mechanics in the applicable wage rates contained in any wage contract; that the classifications set forth therein for with the work he performed.
fide apprenticeship program regist by the Bureau of Apprenticeship at	d in the above period are duly registered in a bona ered with a State apprenticeship agency recognized nd Training, United States Department of Labor, or if its in a State, are registered with the Bureau of its States Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFIT PROGRAMS	S ARE PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

XPLANATION

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MEL	ST ST LOUIS, MO Contract No.: For week ending: 5/9/20							47PF0019C0092			
Payroll No. 11		For									
					Day	and I	Date -				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	3	4	5	6	7	8	9		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)		MECHANIC								75.135	37.71
(5) (0)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

PERSON	INEL	HOURS	EARNINGS	O/T - F		GROSS	STATUTORY DED		VOLUNTARY DEDU		NET PAY 🗸
ARMSTRO	ONG,BRUCE	Reg O/T Hours 3&	Reg 2,003.60	O/T Earnings 3&	4 Earnings	3	Federal	State/Local			
File:	000101	10.00	2,000.00								
Dept:	000002										
Rate:	50.0900										
Dept:	000002	40.00 F	२	1,508.48	FR						
Rate:	37.7120			·		3,512.08	192.14 FIT	99.18 IL 43 S2	263.33 N MEDIN	S 263.33- U MEDREI	Memo
							124.23 SS				
							29.04 MED				3,067.49
LAUGHLII	N,TIMOTHY	40.00	1,001.80								
SHANE											
File:	000178										
Dept:	000002										
Rate:	25.0450										
Dept:	000002	40.00 F	२	1,468.40	FR						_
Rate:	36.7100					2,470.20	123.36 FIT				Memo
							62.11 SS				
							14.52 MED				2,270.21
DEPT TO	OTAL	80.00 REG	3,005.40	REG	.00	O/T	315.50 F	ΉΤ	.00 TO	TAL DEDUCTIONS	2 Pays
000002		.00 O/T	.00	EARNINGS 3	2,976.88	EARNINGS 4	186.34 S	SS			5,337.70
		.00 HOURS 3	.00	EARNINGS 5	5,982.28	GROSS	43.56 N	MED			
		80.00 HOURS 4					99.18 S	STATE			
HOURS A	NALYSIS:	80.0	0 FR Fringe								
EARNING:	S ANALYSIS:	2,976.8	8 FR Fringe								
STATUTO	RY DED. ANA	LYSIS: 99,	8 43 IL								
VOLUNTA	RY DED. ANA	LYSIS: 263.3	3 N MEDINS		263.33-	U MEDREI					

Labor Distribution

ARMSTRONG ELEVATOR

Company Code: GTB

Batch: 8083-030 Period Ending: 05/09/2020

Week 20

Service Center: 030

Pay Date : 05/13/2020

Page 2

(Name of signatory party) (Title)
Do hereby state:
(1) That I pay or supervise the payment of the persons employed by Armstrong Elevator Company at GSA-MELVIN PRICE FEDERAL COURTHOUSE (Contractor or Subcontractor) (Building or work) that during the payroll period commencing on the 3 day of May 2020 and ending the 9 day of May 2020, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Armstrong Elevator Company from the full weekly (Contractor or subcontractor) wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:
·
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
(4) That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

XPLANATION

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN	T ST LOUIS, MO Contract No.: For week ending: 5/16/20							47PF0019C0092			
Payroll No. 12		For \									
					Day	and [Jate -		_		·
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	10	11	12	13	14	15	16		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)		MECHANIC								70.100	07.71
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

PERSONNEL	HOURS		EARNINGS			GROSS	STATUTORY DEC		VOLUNTA	RY DEDUCTION	ONS	NET PAY	
ARMSTRONG,BRUCE	Reg O/T 40.00	Hours 3&4	Reg 2,003.60	O/T Earnings 38	&4 Earnings :	5	Federal	State/Local					000000000
File: 000101 Dept: 000002													
Rate: 50,0900													
Dept: 000002		40.00 FR		1,508.48	FR								
Rate: 37.7120						3,512.08	192.14 FIT 124.22 SS 29.05 MED	99.18 IL 43 S2	263.33	N MEDINS	263.33- U MEDREI	Memo 3,06	□ 67.49
LAUGHLIN,TIMOTHY SHANE	40.00		1,001.80										
File: 000178 Dept: 000002 Rate: 25,0450													
Dept: 000002		40.00 FR		1,468.40	FR								_
Rate: 36.7100						2,470.20	123.36 FIT 62.12 SS 14.53 MED					Memo 2,27	□ ′0.19
DEPT TOTAL 000002	.00	REG O/T HOURS 3 HOURS 4		REG EARNINGS 3 EARNINGS 5	.00 2,976.88 5,982.28	EARNINGS 4	315.50 186.34 43.58 99.18	SS MED		.00 TOTAL	DEDUCTIONS	2 Pa 5,33	ys 🗆 87.68
HOURS ANALYSIS:	·	80.00	FR Fringe				•					•	
EARNINGS ANALYSIS:		2,976.88											
STATUTORY DED. ANA	ALYSIS:	99.18	43 IL										

VOLUNTARY DED. ANALYSIS:

263.33 N MEDINS

263.33- U MEDREI

ARMSTRONG ELEVATOR

Service Center: 030

Batch: 8899-030 Period Ending: 05/16/2020

Week 21

Pay Date : 05/20/2020

Page 1

Company Code: GTB

I, DORE	EEN ROOKS	OFFICE MANAGER
(Name of s	signatory party)	(Title)
Do hereby state	e:	
Armstrong El (Contractor o that during the ending the project have be made either Company from person and that wages earned Regulations, P. Copeland Act,	payroll period commencing on 16 day of May een paid the full weekly wages or directly or indirectly to or the full weekly (Contractor to the full weekly to or to deductions have been may any person, other that art 3 (29 CFR Subtitle A), issuer to the subtitle A), issuer to the full weekly (Contractor to deductions have been may be any person, other that art 3 (29 CFR Subtitle A), issuer to the subtitle A).	ELVIN PRICE FEDERAL COURTHOUSE (Building or work)
above period a contained there determination is	re correct and complete; that ein are not less than the app	contract required to be submitted for the the wage rates for laborers or mechanics licable wage rates contained in any wage that the classifications set forth therein for york he performed.
fide apprentice by the Bureau no such recog	ship program registered with of Apprenticeship and Training	bove period are duly registered in a bona a State apprenticeship agency recognized g, United States Department of Labor, or if State, are registered with the Bureau of Department of Labor.
(4) That:		
(a) WHERE PROGRAMS	FRINGE BENEFITS ARE PA	AID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

62										
			For			ng: 5/1	/21			
1				Day	and [Date				
Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
Dep	Classification	25	26	27	28	29	30	1		
М	ELEVATOR		8	8	8	8	8		50.09	37.71
0	MECHANIC								75.135	37.71
S	MECHANIC								25.05	36.71
0	APPRENTICE								37.568	36.71
	M 0	Dep Classification M ELEVATOR 0 MECHANIC S MECHANIC	Dep Classification 25 M ELEVATOR MECHANIC S MECHANIC	Dep Classification 25 26 M ELEVATOR 8 MECHANIC 8	Dep Classification 25 26 27	Dep Classification 25 26 27 28	Dep Classification 25 26 27 28 29	Dep Classification 25 26 27 28 29 30	Dep Classification 25 26 27 28 29 30 1	Dep Classification 25 26 27 28 29 30 1

U

PERSO	NNEL	HOURS	EARNINGS	GROSS	STATUTORY DEDUCTIONS	VOLUNTARY DEDUCTIONS	NET PAY 🗸
		Reg O/T Hours 3&4	Reg O/T Earnings 3&4 Earnings 5		Federal State/Local		
ARMSTR	RONG,BRUCE	40.00	2,003.60				
File:	000101						
Dept:	000002						
Rate:	50.0900						
Dept:	000002	40.00 FR	1,508.48 FR				_
Rate:	37.7120			3,512.08	189.27 FIT 99.18 IL 43 S2	273.13 N MEDINS 273.13- U MEDREI	Memo
					124.22 SS		
					29.05 MED		3,070.36
DEPT T	TOTAL	40.00 REG	2,003.60 REG .00	O/T	189.27 FIT	.00 TOTAL DEDUCTIONS	1 Pays
000002	2	.00 O/T	00 EARNINGS 3 1,508.48	EARNINGS 4	124.22 SS		3,070.36
		.00 HOURS 3	.00 EARNINGS 5 3,512.08	GROSS	29.05 MED		
		40.00 HOURS 4	, in the second		99.18 STATE		
HOURS	ANALYSIS:	40,00	FR Fringe		•	·	•

EARNINGS ANALYSIS:	
STATUTORY DED. ANALYSIS:	
VOLUNTARY DED. ANALYSIS:	

	40.00	FR	Fringe
	1,508.48	FR	Fringe
LYSIS:	99.18	43 IL	

273.13

N MEDINS

273.13- U MEDREI

ARMSTRONG ELEVATOR Company Code: GTB

Service Center: 030

Batch : **7693-030** Period Ending : **05/01/2021** Pay Date: 05/05/2021 Week 18 Page 1

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I, DOREEN ROOKS	OFFICE MANAGER
(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period commencing ending the 1 day of May project have been paid the full weekly wa be made either directly or indirectly to Company from the full weekly (Contract person and that no deductions have been wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle A),	- MELVIN PRICE FEDERAL COURTHOUSE
above period are correct and complete; to contained therein are not less than the a	his contract required to be submitted for the hat the wage rates for laborers or mechanics applicable wage rates contained in any wage act; that the classifications set forth therein for e work he performed.
fide apprenticeship program registered wi by the Bureau of Apprenticeship and Train	e above period are duly registered in a bona ith a State apprenticeship agency recognized ning, United States Department of Labor, or if a State, are registered with the Bureau of as Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PROGRAMS	PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

XPLANATION

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MEL\	VIN PRICE FED	COURTHOUSE- EAS	ST ST LC				ract N			47PF0019C0092	
Payroll No. 10				For			ıg: 5/2	2/20			
					Day	and [Date				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	26	27	28	29	30	1	2		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
				ľ	٥	ľ					
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHIN I ALIGHED	0	\								27.27	00.5
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

PERSONNEL	HOURS Reg O/T Hours 3&4	EARNINGS Reg O/T Earnings 3&4 Earning	GROSS	STATUTORY DEDUCTIONS Federal State/Local	VOLUNTARY DEDUCTIONS	NET PAY 🗸
ARMSTRONG,BRUCE	Reg O/T Hours 3&4 40.00	2,003.60	5	receiai State/Local		_
File: 000101 Dept: 000002 Rate: 50.0900						
Dept: 000002	40.00 FR	1,508.48 FR				
Rate: 37.7120			3,512.08	192.14 FIT 99.18 IL 43 S2 124.22 SS 29.05 MED	263.33 N MEDINS 263.33- U MEDREI	Memo 3,067.49
CHAUGHLIN, TIMOTHY SHANE File: 000178 Dept: 000002	40.00	1,001.80				
Rate: 25,0450						
Dept: 000002	40.00 FR	1,468.40 FR				
Rate: 36.7100			2,470.20	123.36 FIT 62.11 SS 14.53 MED		Memo
DEPT TOTAL 000002	80.00 REG .00 O/T .00 HOURS 3 80.00 HOURS 4	.00 EARNINGS 3 2,976.8	0 O/T 8 EARNINGS 4 8 GROSS	315.50 FIT 186.33 SS 43.58 MED 99.18 STATE	.00 TOTAL DEDUCTIONS	2 Pays 5,337.69
HOURS ANALYSIS:	80.00	FR Fringe			•	
EARNINGS ANALYSIS:	2,976.88	FR Fringe				
STATUTORY DED. ANA	ALYSIS: 99.18	43 IL				

ARMSTRONG ELEVATOR

Company Code: GTB

Batch: 7279-030 Period Ending: 05/02/2020 Pay Date : 05/06/2020 Week 19 Page 1

Service Center: 030

VOLUNTARY DED. ANALYSIS:

263.33

N MEDINS

I, DOREEN ROOKS	OFFICE MANAGER
(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period commencinending the day of May project have been paid the full weekly wabe made either directly or indirectly to Company from the full weekly (Contract person and that no deductions have been wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle A).	- MELVIN PRICE FEDERAL COURTHOUSE
above period are correct and complete; contained therein are not less than the a	his contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage act; that the classifications set forth therein for e work he performed.
fide apprenticeship program registered w by the Bureau of Apprenticeship and Trai	e above period are duly registered in a bona ith a State apprenticeship agency recognized ning, United States Department of Labor, or if a State, are registered with the Bureau of as Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PROGRAMS	PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

			טוט, ועוט	יו ייוטר	-	0011	COLLIGCT NO.	C		4/PF0019C0092	
dyloil No.	63			For	For week		ending: 5/8/21	/21			
					Day	Day and Date	Date				
Name, Address	Tax/	Work	S	3	1	≤	-	77	S	Rate	Fringe
	Dep	Classification	2	ယ	4	5	6	7	00		
bruce Armstrong	 > <	ELEVATOR		00	00	00	00	8		50.09	37
(6)	C	MECHANIC								75.135	37.71
0) (6)	00	APPRENTICE								25.05 37.568	36.71 36.71
					-						

EARNINGS ANALYSIS: STATUTORY DED. ANALYSIS:		HOURS ANAL	DEPT TOTAL 000002	Kate: 37.		File: 000 Dept: 000 Rate: 50.	STRO
		YSIS:		37.7120	000002	000101 000002 50.0900	BRUCE
99, 18	1,508.48	40.00	40,00 REG .00 O/T .00 HOURS 3 40,00 HOURS 4		40.00 FR		Reg © M Bours 384 40.00
43 IL	FR Fringe	FR Fringe	2,003.60 REG .00 EARNINGS 3 .00 EARNINGS 5		1,508,48		Reg G/A Earnings 3 2,003.60
			,00 O/T 1,508.48 EARNINGS 4 3,512.08 GROSS	3,512.08	FR		GROSS GROSS
							STA
			189.27 FIT 124.23 SS 29.05 MED 99.18 STATE	Ö			TUTORY DEDUCTIONS
				99,18 IL 43 S2			JCTIONS STEEVINGS
				273.13 N			VOLUNTAR
			.00 TOTAL DEDUCTIONS	N MEDINS			VOLUNTARY DEDUCTIONS
			DEDUCTION	273, 13-			ONS
			Ś	273,13- U MEDREI			
			1 Pays [Memo 3,070.35			NET PAY

VOLUNTARY DED. ANALYSIS:

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273, 13-

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Labor Distribution

1996Automatic Data Processing, Inc.

ARMSTRONG ELEVATOR
Company Code: GTB GTB

Batch : 8430-030 Service Center : 030

Period Ending: 05/08/2021 Pay Date: 05/12/2021

Page Week N 3

I, DOREEN ROOKS (Name of signatory party)	OFFICE MANAGER (Title)
Do hereby state:	
Armstrong Elevator Company at GSA- MELVIN PRICE FEDERAL COURTHOUSE (Contractor or Subcontractor) that during the payroll period commencing on the day of low ending the day of low project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Armstrong Elevator Company from the full weekly (Contractor or subcontractor) wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the	MELVIN PRICE FEDERAL COURTHOUSE (Building or work) on the day of low 2021 and 2021, all persons employed on said es earned, that no rebates have been or will or on behalf of said Armstrong Elevator or or subcontractor) wages earned by any made either directly or indirectly from the full an permissible deductions as defined in ssued by the Secretary of Labor under the
wages earned by any person, other the Regulations, Part 3 (29 CFR Subtitle A), in Copeland Act, as amended (48 Stat. 948, U.S.C. 276c), and described below:	ssued by the Secretary of Labor under the 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	contract required to be submitted for the at the wage rates for laborers or mechanics plicable wage rates contained in any wage; that the classifications set forth therein for work he performed.
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	employed in the above period are duly registered in a bona am registered with a State apprenticeship agency recognized ceship and Training, United States Department of Labor, or if exists in a State, are registered with the Bureau of ng, United States Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, PROGRAMS	AID TO APPROVED PLANS, FUNDS, OR
 In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed. 	ge rates paid to each laborer or mechanic ents of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

<u>0</u> **EXCEPTIONS**

KENIAKKO				EXCEPTION(CRAFT)
				EXPLANATION

DOREEN ROOKS OFFICE MANAGER

231 OF TITLE 31 OF THE UNITED STATES CODE. THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION

Payroll No.	64	PRICE FED COURTHOUSE- EAST ST LOUIS, MO Contract No.: 47PF0019C0092 For week ending: 5/15/21									
						and l	A A TAKE THE WAY IN				
Name, Address	Tax/ Dep	Work Classification	9	M 10	T 11	W 12	T 13	F 14	S 15	Rate	Fringe
Bruce Armstrong (b) (6)	M 0	ELEVATOR MECHANIC		8	8	8	8	8		50.09 75.135	37.71 37.71
TIMOTHY LAUGHLIN 1000 W (6)	S	MECHANIC APPRENTICE								25.05 37.568	36.71 36.71

VOLUNTARY DED. ANALYSIS:	STATUTORY DED. ANALYSIS:	EARNINGS ANALYSIS:	HOURS ANALYSIS:	DEPT TOTAL 000002	Rate: 37.7120	Dept: 000002	ARMSTRONG, BRUCE 40.00 File: 000101 Pept: 000002 Rate: 50.0900
273.13	99.18 4	1,508.48	40.00	40.00 REG .00 O/T .00 HOURS 3 40.00 HOURS 4		40.00 FR	
N MEDINS	43 IL	FR Fringe	FR Fringe	2,003.60 REG .00 EARNINGS 3 .00 EARNINGS 5		1,508,48 F	EARNINGS OIT Earnings 38. 2,003.60
273,13- U M				.00 O/T 1,508.48 EARNINGS 3,512.08 GROSS	ç,	FR	Earnings 5
U MEDREI				INGS 4	3,512.08		GROSS
			and the contract of the contra	189.27 FIT 124.22 SS 29.05 MED 99.18 STATE	189.27 FIT 124.22 SS 29.05 MED		STATUTORY DEDUCTIONS
	and form			mi	99,18 IL 43 S2		Statie/Local
					273, 13		VOLUNTA
				.00 TOTAL	N MEDINS		VOLUNTARY DEDUCTIONS
			.00 TOTAL DEDUCTIONS	273, 13-		ONS	
				S	273.13- U MEDREI		
				1 Pays 3,070.36	Memo □ □		NET PAY



4) 1996Automatic Data Processing, Inc.

ARMSTRONG ELEVATOR
Company Code: GTB

Batch: 0625-030 Service Center: 030

Period Ending: 05/15/2021 Pay Date: 05/19/2021

Week

Page 1 20

1,	DOREEN ROOKS	OFFICE MANAGER
(Name of signatory party)	(Title)
Do he	ereby state:	
(Contact of that of ending project of the modern of the mo	luring the payroll period commencing the day of Louder thave been paid the full weekly we ade either directly or indirectly to pany from the full weekly (Contrain and that no deductions have been searned by any person, other lations, Part 3 (29 CFR Subtitle A)	4- MELVIN PRICE FEDERAL COURTHOUSE (Building or work)
above contai deterr	period are correct and complete; ined therein are not less than the	his contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage act; that the classifications set forth therein for ne work he performed.
by the	pprenticeship program registered was Bureau of Apprenticeship and Trai	e above period are duly registered in a bona ith a State apprenticeship agency recognized ning, United States Department of Labor, or if a State, are registered with the Bureau of es Department of Labor.
(4) Th	at:	
(a) PROG	WHERE FRINGE BENEFITS ARE	PAID TO APPROVED PLANS, FUNDS, OR
listed	- In addition to the basic hourly vin the above referenced payroll, pay	vage rates paid to each laborer or mechanic ments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE I	FRINGE	BENEFITS	ARE	PAID	IN	CASH
-------------	--------	----------	-----	------	----	------

>	- 1	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the
		contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE:	SIGNATURE:
DOREEN ROOKS OFFICE MANAGER	(b) (6)
	DATE:

Project/Location: GSA MELVIN	I PRICE FED	COURTHOUSE- EAS	T ST LC	DUIS, N	10	Contr	act N	0.:		47PF0019C0092			
								eek ending: 5/22 /21					
	Day and Date												
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe		
	Dep	Classification	16	17	18	19	20	21	22				
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71		
(b) (6)	0	MECHANIC								75.135	37.71		
(b) (6)													
TIMOTHY LAUGHLIN	S	MECHANIC								25.05	36.71		
(b) (6)	0	APPRENTICE								37.568	36.71		
(b) (6)													

D

PERSO	NNEL	HOURS		EARNINGS			GROSS	STATUTORY DEDU	JCTIONS	VOLUNTA	RY DEDUCTI	ONS	NET PAY	√
		Reg O/T	Hours 3&4	Reg (O/T Earnings 3	8&4 Earnings	5	Federal	State/Local					
ARMSTR	ONG,BRUCE	40.00		2,003.60										
File:	000101													
Dept:	000002													
Rate:	50.0900													
Dept:	000002		40.00 FR		1,508.48	B FR								
Rate:	37.7120						3,512.08	189.27 FIT	99.18 IL 43 S2	273.13	N MEDINS	273.13- U MEDREI	Memo	
								124.22 SS						
								29.05 MED					3,070.3	6
DEPT T	TOTAL	40.00	REG	2,003.60	REG	.00	O/T	189,27 FI	ΙΤ		.00 TOTAL	DEDUCTIONS	1 Pays	
000002	2	.00	O/T	.00	EARNINGS 3	1,508.48	EARNINGS 4	124.22 S	S				3,070.3	36
		.00	HOURS 3	.00	EARNINGS 5	3,512.08	GROSS	29.05 M	ED					
		40.00	HOURS 4			•		99.18 S	TATE					
HOURS	ANALYSIS:		40.00	FR Fringe										

HOURS ANALYSIS:					
EARNINGS ANALYSIS:					
STATUTORY DED. ANALYSIS:					
VOLUNTARY DED. ANALYSIS:					

	40.00	FR	Fringe	
	1,508.48	FR	Fringe	
ALYSIS:	99.18	43 IL		

273.13

N MEDINS

273.13- U MEDREI

ARMSTRONG ELEVATOR

Company Code: GTB

Batch : 1311-030 Period Ending : 05/22/2021

Pay Date: 05/26/2021

Week 21 Page 2

Service Center: 030

(Name of signatory party)	(Title)
Do hereby state:	
that during the payroll period commencing ending the 22 day of May project have been paid the full weekly wag be made either directly or indirectly to Company from the full weekly (Contract person and that no deductions have been wages earned by any person, other the Regulations, Part 3 (29 CFR Subtitle A), in	MELVIN PRICE FEDERAL COURTHOUSE (Building or work)
above period are correct and complete; the contained therein are not less than the ap-	s contract required to be submitted for the at the wage rates for laborers or mechanics plicable wage rates contained in any wage t; that the classifications set forth therein for work he performed.
fide apprenticeship program registered with by the Bureau of Apprenticeship and Train	above period are duly registered in a bona n a State apprenticeship agency recognized ng, United States Department of Labor, or if State, are registered with the Bureau of Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFITS ARE I	PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

OFFICE MANAGER

DOREEN ROOKS

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELV	IN PRICE FEL	COURTHOUSE- EAS	1 21 FC				ract N			47PF0019C0092	
Payroll No. 13				For \			g: 5/2	3/20			
					Day	and [Date				
Name, Address	Tax/	Work	S	М	Т	W	T	F	S	Rate	Fringe
	Dep	Classification	17	18	19	20	21	22	23		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

PERSONNEL	HOURS		EARNINGS			GROSS	STATUTORY DEC		VOLUNTA	RY DEDUCTION	ONS	NET PAY	Y /
ARMSTRONG,BRUCE	Reg O/T H 40.00	lours 3&4	Reg 2,003.60	O/T Earnings 3	&4 Earnings	5	Federal	State/Local					
File: 000101													
Dept: 000002 Rate: 50,0900													Ę,
Rate: 50.0900 Dept: 000002		40.00 FR		1,508.48	FR								^
Rate: 37.7120		40,00 TK		1,300.40	- 11	3,512.08	192.14 FIT 124.22 SS 29.06 MED	99.18 IL 43 S2	263.33	N MEDINS	263.33- U MEDREI	Memo 3,06	□ 67.48
LAUGHLIN,TIMOTHY SHANE	40.00		1,001.80										
File: 000178 Dept: 000002 Rate: 25.0450													
Dept: 000002		40.00 FR		1,468.40	FR								_
Rate: 36.7100						2,470.20	123.36 FIT 62.11 SS 14.53 MED					Memo 2,27	70.20
DEPT TOTAL 000002	80.00 RI .00 O, .00 H0 80.00 H0	/T OURS 3		REG EARNINGS 3 EARNINGS 5	.00 2,976.88 5,982.28	EARNINGS 4	315.50 I 186.33 S 43.59 I 99.18 S	SS MED		.00 TOTAL	DEDUCTIONS	l l	ays 🗆 37.68
HOURS ANALYSIS:	<u></u>	80.00	FR Fringe				•					•	
EARNINGS ANALYSIS:		2,976.88	FR Fringe							·		·	
STATUTORY DED. ANA	ALYSIS:	99.18	43 IL										

VOLUNTARY DED. ANALYSIS:

263.33 N MEDINS

263.33- U MEDREI



ARMSTRONG ELEVATOR

Company Code: GTB

Batch : 1053-030 Period Ending : 05/23/2020

Week 22

Service Center: 030

Pay Date : 05/27/2020

Page 2

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(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period commencine ending the 23 day of May project have been paid the full weekly was be made either directly or indirectly to Company from the full weekly (Contract person and that no deductions have been wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle A)	of the persons employed by - MELVIN PRICE FEDERAL COURTHOUSE (Building or work) g on the 17 day of May 2020 and 2020, all persons employed on said ges earned, that no rebates have been or will or on behalf of said Armstrong Elevator etor or subcontractor) wages earned by any made either directly or indirectly from the full than permissible deductions as defined in issued by the Secretary of Labor under the 8,63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40
above period are correct and complete; contained therein are not less than the a	nis contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage act; that the classifications set forth therein for e work he performed.
fide apprenticeship program registered w by the Bureau of Apprenticeship and Trai	e above period are duly registered in a bona ith a State apprenticeship agency recognized ning, United States Department of Labor, or if a State, are registered with the Bureau of the Suppartment of Labor.
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PROGRAMS	PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

OFFICE MANAGER

DOREEN ROOKS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

XPLANATION

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVII	N PRICE FED) COURTHOUSE- EAS	T ST LC				act N			47PF0019C0092	
Payroll No. 14				For \			g: 5/3	0/20			
		Day and Date									
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	24	25	26	27	28	29	30		
Bruce Armstrong	М	ELEVATOR		8h	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY I ALICHI PI	C	1450HANHO		01						25.25	20 = 1
TIMOTHY LAUGHLIN	S	MECHANIC		8h	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

PERSONNE	EL	HOURS Reg 0/T	Hours 3&4	EARNINGS Reg	O/T Earnings 3	&4 Earnings	GROSS	STATUTORY DE	DUCTIONS State/Local	VOLUNTARY DEDUCTIONS	NET PAY 🗸
ARMSTRON	G,BRUCE	32.00	8.00 H	1,602.88	400.72						*******************************
File: 00	00101			·							
Dept: 00	00002										
Rate: 50	0.0900										
Dept: 00	00002		40.00 FR		1,508.48	FR					
Rate: 37	7.7120						3,512.08	192.14 FIT	99.18 IL 43 S2	263.33 N MEDINS 263.33- U MEDRE	I Memo
								124.23 SS			
								29.05 MEI	D		3,067.48
LAUGHLIN,T	ГІМОТНҮ	32.00	8.00 H	801,44	200.36	Н					
SHANE											
File: 00	00178										
Dept: 00	00002										
Rate: 25	5.0450										
Dept: 00	00002		40.00 FR		1,468.40	FR					
Rate: 36	6.7100						2,470.20	123.36 FIT			Memo
								62.11 SS			
								14.52 MEI	D		2,270.21
DEPT TOTA	ΔL	64.00	REG	2,404.32	REG	.00	O/T	315.50	FIT	.00 TOTAL DEDUCTIONS	2 Pays
000002			O/T	· ·	EARNINGS 3		EARNINGS 4	186.34		Too To ME BEBOOMENS	5,337.69
			HOURS 3		EARNINGS 5	5,982.28		43.57			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			HOURS 4			5,552.25			STATE		
HOURS ANA	ALYSIS:		16.00	H HOL		80.00	FR Fringe	1		•	<u> </u>
EARNINGS A	ANALYSIS:		601.08	H HOL		2,976.88	FR Fringe				
STATUTORY	DED. ANAL	YSIS:	99.18	43 IL							
VOLUNTARY	DED. ANAL	VSIS-	263.33	N MEDINS		263.33-	U MEDREI				



ARMSTRONG ELEVATOR Company Code: GTB

Service Center: 030

Batch : 1659-030 Period Ending : 05/30/2020 Pay Date : 06/03/2020 Week 23 Page 1

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(Name of signatory party)	(Title)
Do hereby state:	
that during the payroll period commencing ending the 30 day of May project have been paid the full weekly was be made either directly or indirectly to Company from the full weekly (Contract person and that no deductions have been wages earned by any person, other to Regulations, Part 3 (29 CFR Subtitle A),	MELVIN PRICE FEDERAL COURTHOUSE (Building or work)
,	
above period are correct and complete; t contained therein are not less than the a	is contract required to be submitted for the hat the wage rates for laborers or mechanics pplicable wage rates contained in any wage ct; that the classifications set forth therein for e work he performed.
fide apprenticeship program registered wi by the Bureau of Apprenticeship and Train	e above period are duly registered in a bona th a State apprenticeship agency recognized ning, United States Department of Labor, or if a State, are registered with the Bureau of s Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFITS ARE	PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

OFFICE MANAGER

DOREEN ROOKS

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

XPLANATION

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN	PRICE FEL	COURTHOUSE- EAS	1 21 FC				act N			47PF0019C0092	
Payroll No. 15	For week ending: 6/6/20 Day and Date										
					Day		Jate				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	31	1	2	3	4	5	6		
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)		MECHANIC								75.155	37.71
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

PERSONNEL	HOURS	EARNINGS	GROSS	STATUTORY DEDUCTIONS	VOLUNTARY DEDUCTIONS	NET PAY 🗸
	Reg O/T Hours 3&4		gs 5	Federal State/Local		
ARMSTRONG,BRUCE	40.00	2,003.60				
File: 000101						
Dept: 000002						
Rate: 50.0900						
Dept: 000002	40.00 FR	1,508.48 FR				
Rate: 37.7120			3,512.08	192.14 FIT 99.18 IL 43 S2	2 263.33 N MEDINS 263.33- U MEDREI	Memo
				124.22 SS		
				29.05 MED		3,067.49
LAUGHLIN,TIMOTHY	40.00	1,001.80				
SHANE						
File: 000178						
Dept: 000002						
Rate: 25.0450						
Dept: 000002	40.00 FR	1,468.40 FR				
Rate: 36.7100			2,470.20	123.36 FIT		Memo \Box
				62.11 SS		
				14.53 MED		2,270.20
DEPT TOTAL	80.00 REG	3,005.40 REG .	00 O/T	315.50 FIT	.00 TOTAL DEDUCTIONS	2 Pays
000002	.00 O/T		88 EARNINGS 4	186.33 SS	.00 TOTAL DEDOCTIONS	5,337.69
000002	.00 HOURS 3		28 GROSS	43.58 MED		3,337.03
	80.00 HOURS 4	.00 EARININGS 5 5,902.	20 GRO33	99.18 STATE		
HOLIDE ANALYSIS:		ED Eringo		33,10 STATE		
HOURS ANALYSIS:	80.00	FR Fringe				
EARNINGS ANALYSIS:	2,976.88	FR Fringe				
STATUTORY DED. ANA	LYSIS: 99.18	43 IL				

Labor Distribution

ARMSTRONG ELEVATOR Company Code: GTB

Batch : 2407-030 Period Ending : 06/06/2020

Week 24

Service Center: 030

Pay Date : 06/10/2020

Page 2

VOLUNTARY DED. ANALYSIS:

263.33

N MEDINS

I, <u>DOREEN ROOKS</u> OFFICE MANAGER
(Name of signatory party) (Title)
Do hereby state:
Do Holody diato.
(1) That I pay or supervise the payment of the persons employed by <u>Armstrong Elevator Company</u> at GSA- MELVIN PRICE FEDERAL COURTHOUSE
(Contractor or Subcontractor) (Building or work)
that during the payroll period commencing on the 31 day of May 2020 and
ending the 6 day of June 2020, all persons employed on said
project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Armstrong Elevator
Company from the full weekly (Contractor or subcontractor) wages earned by any
person and that no deductions have been made either directly or indirectly from the full
wages earned by any person, other than permissible deductions as defined in
Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the
Copeland Act, as amended (48 Stat. 948,63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40
U.S.C. 276c), and described below:
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
(4) That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVI	N PRICE FED	COURTHOUSE- EAS	ST ST LC				ract N			47PF0019C0092	
Payroll No. 16				For \			g: 6/1	3/20			
					Day	and [Date				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	7	8	9	10	11	12	13		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)		MECHANIC								70.133	37.71
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

PERSONNEL	HOURS Reg O/T Hours 3&4		GROSS	STATUTORY DEDUCTIONS Federal State/Local	VOLUNTARY DEDUCTIONS	NET PAY 🗸
ARMSTRONG,BRUCE	40.00	2,003.60	ł 000000000000000000000000000000000000	Jake/Loval		k
File: 000101 Dept: 000002 Rate: 50,0900						
Dept: 000002	40.00 FR	1,508.48 FR				
Rate: 37.7120			3,512.08	192.14 FIT 99.18 IL 43 S2 124.22 SS 29.05 MED	263.33 N MEDINS 263.33- U MEDREI	Memo □ 3,067.49
SHANE File: 000178 Dept: 000002	40.00	1,001.80				
Rate: 25.0450 Dept: 000002	40,00 FR	R 1,468,40 FR				
Rate: 36.7100	10,00	1,1001.10	2,470.20	123.36 FIT 62.11 SS 14.52 MED		Memo □ 2,270.21
DEPT TOTAL 000002	80.00 REG .00 O/T .00 HOURS 3 80.00 HOURS 4	3,005.40 REG .00 O/ .00 EARNINGS 3 2,976.88 E/ .00 EARNINGS 5 5,982.28 G/	ARNINGS 4	315.50 FIT 186.33 SS 43.57 MED 99.18 STATE	.00 TOTAL DEDUCTIONS	2 Pays 5,337.70
HOURS ANALYSIS:	80.00	O FR Fringe			1	
EARNINGS ANALYSIS:	2,976.88	Š				
STATUTORY DED. ANA	ALYSIS: 99.18	8 43 IL				

ARMSTRONG ELEVATOR

Company Code: GTB

Service Center: 030

Batch : **3205-030** Period Ending : **06/13/2020** Pay Date : 06/17/2020 Week 25 Page 1

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VOLUNTARY DED. ANALYSIS:

263.33

N MEDINS

I, DOREEN ROOKS	OFFICE MANAGER
(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period commencinending the 13 day of June project have been paid the full weekly wabe made either directly or indirectly to Company from the full weekly (Contractive person and that no deductions have been wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle A).	- MELVIN PRICE FEDERAL COURTHOUSE (Building or work)
above period are correct and complete; contained therein are not less than the a	nis contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage act; that the classifications set forth therein for work he performed.
fide apprenticeship program registered w by the Bureau of Apprenticeship and Trai	e above period are duly registered in a bona ith a State apprenticeship agency recognized ning, United States Department of Labor, or if a State, are registered with the Bureau of es Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFITS ARE	PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELV	IN PRICE FED	COURTHOUSE- EAS	T ST LC				ract N			47PF0019C0092	
Payroll No. 17				For \			g: 6/2	0/20			
				Day and Date							
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	14	15	16	17	18	19	20		
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

PERSONNEL	HOURS	EARNINGS		GROSS	STATUTORY DED	OUCTIONS	VOLUNTARY	DEDUCTIONS		NET PAY	
	Reg O/T Hours 3&4		rnings 3&4 Earnings 5		Federal	State/Local					
ARMSTRONG,BRUCE	40.00	2,003.60									
File: 000101											
Dept: 000002											
Rate: 50.0900											
Dept: 000002	40.00 FR		1,508.48 FR								
Rate: 37.7120				3,512.08	192.14 FIT	99.18 IL 43 S2	263.33 N	MEDINS 263.33-	- U MEDREI	Memo	
					124.23 SS						
					29.05 MED					3,067	.48
LAUGHLIN,TIMOTHY	40.00	1,001.80									
SHANE		·									
File: 000178											
Dept: 000002											
Rate: 25.0450											
Dept: 000002	40.00 FR		1,468.40 FR								
Rate: 36.7100				2,470.20	123.36 FIT					Memo	
					62.11 SS						
					14.53 MED					2,270	.20
DEPT TOTAL	80.00 REG	3,005.40 REG	.00 (7/T	315.50 F	IT.	,	0 TOTAL DEDUCT	IONS	2 Pay:	\Box
000002	.00 O/T	.00 EARNIN		EARNINGS 4	186.34			O TOTAL DEDOCT	10110	5,337	
000002	.00 O/1	.00 EARNIN			43.58 M					3,337	.00
	80.00 HOURS 4	.00 EARININ	03 5 5,902.20	31033	99,18						
HOLIDE ANALYSIS:	ı	FD Frings			1 99.10	DIVIE					
HOURS ANALYSIS:	80.00	FR Fringe									—
EARNINGS ANALYSIS:	2,976.88	FR Fringe									
STATUTORY DED. ANA	LYSIS: 99.18	43 IL									

Labor Distribution

ARMSTRONG ELEVATOR

Company Code: GTB

Week 26

Service Center: 030

Pay Date : 06/24/2020

Page 2

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VOLUNTARY DED. ANALYSIS:

263.33

N MEDINS

Batch: 3906-030 Period Ending: 06/20/2020

Ι,	DOREEN ROOKS	OFFICE MANAGER
	(Name of signatory party)	(Title)
Do	hereby state:	
that end be Cooper was Re	mstrong Elevator Company a contractor or Subcontractor) at during the payroll period company of day of Judy of	ment of the persons employed by t GSA- MELVIN PRICE FEDERAL COURTHOUSE (Building or work) nencing on the 14 day of June 2020 and 2020, all persons employed on said kly wages earned, that no rebates have been or will citly to or on behalf of said Armstrong Elevator contractor or subcontractor) wages earned by any e been made either directly or indirectly from the full other than permissible deductions as defined in itle A), issued by the Secretary of Labor under the lat. 948,63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40
ab coi de	ove period are correct and comp ntained therein are not less than	nder this contract required to be submitted for the plete; that the wage rates for laborers or mechanics in the applicable wage rates contained in any wage contract; that the classifications set forth therein for with the work he performed.
fide by no	e apprenticeship program registe the Bureau of Apprenticeship an	d in the above period are duly registered in a bona ered with a State apprenticeship agency recognized d Training, United States Department of Labor, or if is in a State, are registered with the Bureau of d States Department of Labor.
(4)	That:	
PR	(a) WHERE FRINGE BENEFITS	S ARE PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MEL\	VIN PRICE FED	COURTHOUSE- EAS	SI SI LC				ract N			47PF0019C0092	
Payroll No. 18			For week ending: 6/27/20								
		Day and Date									
Name, Address	Tax/	Work	S	M	T	W	T	F	S	Rate	Fringe
	Dep	Classification	21	22	23	24	25	26	27		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)		//IZG/I/ II II G								70.200	07.72
TIMOTHY LAUGHLIN	S	MECHANIC					8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

PERSONNEL		EARNINGS	GROSS	STATUTORY DEDUCTIONS	VOLUNTARY DEDUCTIONS	NET PAY 🗸
ARMSTRONG,BRUCE	Reg O/T Hours 3&4 40.00	Reg O/T Earnings 3&4 Earning 2,003.60	ngs 5	Federal State/Local		
File: 000101 Dept: 000002 Rate: 50.0900						
Dept: 000002	40.00 FR	1,508.48 FR				
Rate: 37.7120			3,512.08	192.14 FIT 99.18 IL 43 S 124.22 SS 29.06 MED	2 263.33 N MEDINS 263.33- U MEDREI	Memo 3,067.48
LAUGHLIN,TIMOTHY SHANE	16.00	400.72				
File: 000178 Dept: 000002 Rate: 25.0450						
Dept: 000002	16.00 FR	587.36 FR				_
Rate: 36.7100			988.08	35.52 FIT 24.85 SS 5.81 MED		Memo 921.90
DEPT TOTAL 000002	56.00 REG .00 O/T .00 HOURS 3 56.00 HOURS 4	.00 EARNINGS 3 2,095	.00 O/T 5.84 EARNINGS 4 0.16 GROSS	227.66 FIT 149.07 SS 34.87 MED 99.18 STATE	.00 TOTAL DEDUCTIONS	2 Pays 3,989.38
HOURS ANALYSIS:	56.00	FR Fringe		•	•	•
EARNINGS ANALYSIS: STATUTORY DED. ANA	2,095.84 LYSIS: 99.18	FR Fringe				

VOLUNTARY DED. ANALYSIS:

263.33

N MEDINS

263.33- U MEDREI



ARMSTRONG ELEVATOR

Company Code: GTB

Batch : 4775-030 Period Ending : 06/27/2020 Pay Date : 07/01/2020 Week 27 Page 1

Service Center: 030

(Name of signatory party)	(Title)
Do hereby state:	
that during the payroll period commencine ending the 27 day of June project have been paid the full weekly was be made either directly or indirectly to Company from the full weekly (Contraperson and that no deductions have been wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle A)	- MELVIN PRICE FEDERAL COURTHOUSE (Building or work) g on the 21 day of June 2020 and
above period are correct and complete; contained therein are not less than the	nis contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage act; that the classifications set forth therein for the work he performed.
fide apprenticeship program registered w by the Bureau of Apprenticeship and Trai	e above period are duly registered in a bona ith a State apprenticeship agency recognized ning, United States Department of Labor, or if a State, are registered with the Bureau of es Department of Labor.

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

OFFICE MANAGER

DOREEN ROOKS

(4) That:

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MEL\	VIN PRICE FED	COURTHOUSE- EAS	ST ST LC				ract N			47PF0019C0092	
Payroll No. 19			For week ending: 7/4/20								
					Day	and I					
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	28	29	30	1	2	3	4		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8H		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)		MECHANIC								75.155	37.71
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8H		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
, , , ,											

PERSONNEL	HOURS		EAR	IINGS			GROSS	STATUTORY DED	UCTIONS	VOLUNT	TARY DEDUCT	IONS		NET PAY	
	Reg O	/T Hours 3&4	Re	g	O/T Earnings 38	44 Earnings	5	Federal	State/Local						
ARMSTRONG,BRUCE	32.00	8.00 H	1,	602.88	400.72	Н									
File: 000101															
Dept: 000002															
Rate: 50,0900															
Dept: 000002		40.00 FR			1,508.48	FR									
Rate: 37.7120							3,512.08	192.14 FIT	99.18 IL 43 S2	263.33	N MEDINS	263.33-	U MEDREI	Memo	
								124.22 SS							
								29.05 MED						3,06	67.49
LAUGHLIN,TIMOTHY	32.00	8.00 H		801.44	200.36	Н									
SHANE															
File: 000178															
Dept: 000002															
Rate: 25,0450															
Dept: 000002		40.00 FR			1,468.40	FR									
Rate: 36.7100							2,470.20	123.36 FIT		185.00	L MISC			Memo	
								62.11 SS							
								14.53 MED						2,08	35.20
DEPT TOTAL	64	00 REG		2,404.32	DEC	00	O/T	315,50 F	IT.		185.00 TOTA	L DEDUCTION	JNIC	2 Pa	ıys 🗆
000002		.00 REG			EARNINGS 3		EARNINGS 4	186.33 S			165.00 1017	IL DEDUCTION	JNS		52.69
000002		00 HOURS 3			EARNINGS 5	5,982.28		43.58 N						3,10	2.09
		00 HOURS 4		.00	EARININGS 5	5,962.26	GROSS	99,18							
LICHEC ANALYOIS	80.			1101		00.00	ED Edward	99.10	DIAIL						
HOURS ANALYSIS:	_	16.00		HOL			FR Fringe								
EARNINGS ANALYSIS:	_	601.08		HOL		2,976.88	FR Fringe								
STATUTORY DED. ANALY	_		43 IL												
VOLUNTARY DED. ANAL	YSIS:	185.00	L	MISC		263.33	N MEDINS		263.33- U ME	DREI					



ARMSTRONG ELEVATOR

Company Code: GTB

Batch : **5495-030** Period Ending : **07/04/2020** Pay Date : 07/08/2020 Week 28

Service Center: 030

(Name of signatory party)	(Title)
Do hereby state:	
that during the payroll period commencine ending the 27 day of June project have been paid the full weekly was be made either directly or indirectly to Company from the full weekly (Contraperson and that no deductions have been wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle A)	- MELVIN PRICE FEDERAL COURTHOUSE (Building or work) g on the 21 day of June 2020 and
above period are correct and complete; contained therein are not less than the	nis contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage act; that the classifications set forth therein for the work he performed.
fide apprenticeship program registered w by the Bureau of Apprenticeship and Trai	e above period are duly registered in a bona ith a State apprenticeship agency recognized ning, United States Department of Labor, or if a State, are registered with the Bureau of es Department of Labor.

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

OFFICE MANAGER

DOREEN ROOKS

(4) That:

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELV	IN PRICE FED	COURTHOUSE- EAS	T ST LC				ract N			47PF0019C0092	
Payroll No. 20			For week ending: 7/11/20								
			Day and Date								
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	5	6	7	8	9	10	11		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

PERSONNEL	HOURS Reg O/T Hours 3&4	EARNINGS		ROSS	STATUTORY DEDUC Federal St	TIONS ate/Local	VOLUNTARY DEDUC	TIONS	NET PAY 🗸
ARMSTRONG,BRUCE	Reg O/T Hours 3&4	Reg O/T Earnings 3& 2,003.60	4 Callings 3		reuerai 31	ate/Lucai			
File: 000101	10.00	2,000.00							
Dept: 000002									
Rate: 50,0900									
Dept: 000002	40.00 FR	1,508.48	FR						
Rate: 37.7120			3	3,512.08	192.14 FIT 124.23 SS 29.05 MED	99.18 IL 43 S2	263.33 N MEDINS	263.33- U MEDREI	Memo 3,067.48
LALICULI IN TIMOTUV	40.00	1 001 00			29,03 WLD				3,007.40
LAUGHLIN,TIMOTHY SHANE	40.00	1,001.80							
File: 000178									
Dept: 000002									
Rate: 25,0450									
Dept: 000002	40.00 FR	1,468.40	FR						
Rate: 36.7100		, , , , , , , , , , , , , , , , , , , ,		2,470.20	123.36 FIT				Memo \square
				,	62.11 SS				
					14.52 MED				2,270.21
DEPT TOTAL	80.00 REG	3,005.40 REG	.00 O/T		315.50 FIT		00 TOT/	AL DEDUCTIONS	2 Pays □
000002	.00 O/T	.00 EARNINGS 3	2,976.88 EARI	NINGS 4	186.34 SS		100 1017	L BEBOOTIONS	5,337.69
000002	.00 HOURS 3	.00 EARNINGS 5	5,982.28 GRO		43.57 MED				0,007.00
	80.00 HOURS 4	27	0,002.20 0.10	,,,,	99.18 STA				
HOURS ANALYSIS:	80.00	FR Fringe					ı		l l
EARNINGS ANALYSIS:	2,976.88								
STATUTORY DED. ANA	ALYSIS: 99.18								_

ARMSTRONG ELEVATOR

Company Code: GTB

Batch : **6471-030**Service Center : **030**

Batch : **6471-030** Period Ending : **07/11/2020**

Week 29

Pay Date : **07/15/2020**

VOLUNTARY DED. ANALYSIS:

263.33

I,DOREEN ROOKS	OFFICE MANAGER
(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period comme ending the 11 day of Jur project have been paid the full weekl be made either directly or indirectl Company from the full weekly (Coperson and that no deductions have wages earned by any person, oth Regulations, Part 3 (29 CFR Subtitle	GSA- MELVIN PRICE FEDERAL COURTHOUSE
above period are correct and comple contained therein are not less than	er this contract required to be submitted for the te; that the wage rates for laborers or mechanics the applicable wage rates contained in any wage ontract; that the classifications set forth therein for th the work he performed.
fide apprenticeship program registere by the Bureau of Apprenticeship and	n the above period are duly registered in a bona ed with a State apprenticeship agency recognized Training, United States Department of Labor, or if in a State, are registered with the Bureau of States Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFITS PROGRAMS	ARE PAID TO APPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN PRICE FED COURTHOUSE- EA:							act N			47PF0019C0092	
Payroll No. 21				For			g: 7/18	3/20			
					Day	and I	Date				
Name, Address	Tax/ Dep	Work Classification	S 12	M 13	T 14	W 15	T 16	F 17	S 18	Rate	Fringe
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6) (b) (6)	0	MECHANIC								75.135	37.71
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
<u>(b) (6)</u>	0	APPRENTICE								37.568	36.71

PERSONNEL	HOURS	EARNINGS	GROSS	STATUTORY DEDUCTIONS	VOLUNTARY DEDUCTIONS	NET PAY 🗸
	Reg O/T Hours 3&4	Reg O/T Earnings 3&4 Earn		Federal State/Local	0-010	N-11-A
ARMSTRONG,BRUCE	40.00	2,003.60				_
File: 000101 Dept: 000002						
Dept: 000002 Rate: 50,0900						
Dept: 000002	40.00 FR	1,508.48 FR				
Rate: 37.7120	40,00 110	1,000.40 110	3,512.08	192.14 FIT 99.18 IL 43 S2 124.22 SS 29.05 MED	263.33 N MEDINS 263.33- U MEDREI	Memo 3,067.49
LAUGHLIN,TIMOTHY SHANE	40.00	1,001.80				
File: 000178						
Dept: 000002 Rate: 25,0450						
Dept: 000002	40.00 FR	1,468.40 FR				7
Rate: 36.7100			2,470.20	123.36 FIT 62.11 SS 14.53 MED		Memo
DEPT TOTAL 000002	80.00 REG .00 O/T	3,005.40 REG .00 EARNINGS 3 2.9	.00 O/T 076.88 EARNINGS 4	315.50 FIT 186.33 SS	.00 TOTAL DEDUCTIONS	2 Pays 5,337.69
000002	.00 HOURS 3		982.28 GROSS	43.58 MED		3,337.03
	80.00 HOURS 4	700 274444400 0 0,04	02.20 01.000	99.18 STATE		
HOURS ANALYSIS:	80.00	FR Fringe		•	•	
EARNINGS ANALYSIS:	2,976.88	FR Fringe				
STATUTORY DED. ANA	ALYSIS: 99.18	43 IL				

Labor Distribution

ARMSTRONG ELEVATOR

Company Code: GTB

Batch: **7272-030** Period Ending: **07/18/2020**

Week 30 Page 2

Service Center: 030

Pay Date : 07/22/2020

VOLUNTARY DED. ANALYSIS:

263.33

(Name of signatory party)	(Title)
Do hereby state:	
that during the payroll period commencine ending the 18 day of June project have been paid the full weekly we be made either directly or indirectly to Company from the full weekly (Contraperson and that no deductions have bee wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle A)	of the persons employed by A-MELVIN PRICE FEDERAL COURTHOUSE (Building or work) Ing on the 12 day of July 2020 and 2020, all persons employed on said ages earned, that no rebates have been or will or or on behalf of said Armstrong Elevator ctor or subcontractor) wages earned by any in made either directly or indirectly from the full than permissible deductions as defined in 1, issued by the Secretary of Labor under the 18,63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40
-	
above period are correct and complete; contained therein are not less than the	this contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage ract; that the classifications set forth therein for the work he performed.
fide apprenticeship program registered v by the Bureau of Apprenticeship and Tra	ne above period are duly registered in a bona with a State apprenticeship agency recognized ining, United States Department of Labor, or if a State, are registered with the Bureau of es Department of Labor.
(4) That:	

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

OFFICE MANAGER

DOREEN ROOKS

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXPLANATION

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN PRICE FED COURTHOUSE- EAS			ST ST LC				ract N			47PF0019C0092	
Payroll No. 22				For week ending: 7/25/20							
				Day and Date							
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	19	20	21	22	23	24	25		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)		//IEG/								76.200	07172
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

PERSONNEL	HOURS	EARNINGS	GROSS	STATUTORY DEDUCTIONS	VOLUNTARY DEDUCTIONS	NET PAY ✓
	Reg O/T Hours 3&4	Reg O/T Earnings 3&4 Earn	ings 5	Federal State/Local		
ARMSTRONG,BRUCE	40.00	2,003.60				
File: 000101						
Dept: 000002						
Rate: 50.0900						
Dept: 000002	40.00 FR	1,508.48 FR				'
Rate: 37.7120			3,512.08	192.14 FIT 99.18 IL 43 S2	2 263.33 N MEDINS 263.33- U MEDREI	Memo 🗆
				124.22 SS		
				29.06 MED		3,067.48
LAUGHLIN,TIMOTHY	40.00	1,001.80				
SHANE						
File: 000178						
Dept: 000002						
Rate: 25.0450						
Dept: 000002	40.00 FR	1,468.40 FR				
Rate: 36.7100			2,470.20	123.36 FIT		Memo \square
				62.12 SS		
				14.52 MED		2,270.20
DEPT TOTAL	80.00 REG	3,005.40 REG	.00 O/T	315.50 FIT	.00 TOTAL DEDUCTIONS	2 Pays
000002	.00 O/T	1	76.88 EARNINGS 4	186.34 SS	.00 TOTAL DEDOCTIONS	5,337.68
000002	.00 HOURS 3	·	82.28 GROSS	43.58 MED		3,337.00
	80.00 HOURS 4	.00 EARININGS 5 5,90	52.20 GROSS	99.18 STATE		
HOLIDE ANALYSIS:		ED Eringo		99,10 STATE	I	
HOURS ANALYSIS:	80.00	FR Fringe				
EARNINGS ANALYSIS:	2,976.88	FR Fringe				
STATUTORY DED. ANA	LYSIS: 99.18	43 IL				

Labor Distribution

ARMSTRONG ELEVATOR

Company Code: GTB

Batch: **7955-030** Period Ending: **07/25/2020** Pay Date : 07/29/2020 Week 31 Page 1

Service Center: 030

VOLUNTARY DED. ANALYSIS:

263.33

(Name	of signatory party)	(Title)	
Do hereby s	state:		
Armstrong (Contracto that during ending the_ project have be made e Company person and wages earn Regulations Copeland A	the payroll period commencing on the	PRICE FEDERAL COURTHO g or work) 19 day of July 202 20, all persons employed or 1, that no rebates have been alf of said Armstrong Ele contractor) wages earned b er directly or indirectly from the issible deductions as defin the Secretary of Labor under	20 and n said or will evator y any he full ed in er the
above period contained the determination	by payrolls otherwise under this contracted are correct and complete; that the watherein are not less than the applicable won incorporated into the contract; that the error mechanic conform with the work he	ge rates for laborers or mech wage rates contained in any classifications set forth there	nanics wage
fide apprent by the Bure no such re	y apprentices employed in the above perticeship program registered with a State au of Apprenticeship and Training, Unite ecognized agency exists in a State, as ship and Training, United States Departm	apprenticeship agency recog d States Department of Labo re registered with the Bure	nized r, or if

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

DOREEN ROOKS

(4) That:

PROGRAMS

OFFICE MANAGER

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN PRICE FED COURTHOUSE- EAST						Contr	47PF0019C0092				
Payroll No. 23				For			ng: 8/1	./20			
					Day	and I	Date				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	26	27	28	29	30	31	1		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)				"		ľ	"	ľ			
	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE		"		ľ	"	ľ		37.568	36.71
(0) (0)	0	APPRENTICE								37.508	30.71

PERSONNEL	HOURS Reg O/T Hours 3&4	EARNINGS Reg O/T Earnings 38	GROSS	STATUTORY DEDUCTIONS Federal State/Local	VOLUNTARY DEDUCTIONS	NET PAY 🗸
ARMSTRONG,BRUCE File: 000101	40.00	2,003.60				_
Dept: 000002 Rate: 50,0900						
Dept: 000002	40.00 FF	1,508.48	FR			
Rate: 37.7120			3,512.08	192.14 FIT 99.18 IL 43 124.23 SS 29.05 MED	S2 263.33 N MEDINS 263.33- U MEDREI	Memo 3,067.48
LAUGHLIN,TIMOTHY SHANE	40.00	1,001.80				
File: 000178 Dept: 000002 Rate: 25.0450						
Dept: 000002	40.00 FF	1,468.40	FR			
Rate: 36.7100			2,470.20	123.36 FIT 62.11 SS 14.53 MED		Memo
DEPT TOTAL 000002	80.00 REG .00 O/T .00 HOURS 3 80.00 HOURS 4	3,005.40 REG .00 EARNINGS 3 .00 EARNINGS 5	.00 O/T 2,976.88 EARNINGS 4 5,982.28 GROSS	315.50 FIT 186.34 SS 43.58 MED 99.18 STATE	.00 TOTAL DEDUCTIONS	2 Pays 5,337.68
HOURS ANALYSIS:	80.00	0 FR Fringe		•	·	
EARNINGS ANALYSIS:	2,976.88	8 FR Fringe				
STATUTORY DED. ANA	ALYSIS: 99.18	8 43 IL				

Labor Distribution

263.33

N MEDINS

ARMSTRONG ELEVATOR

Service Center: 030

Batch: 8788-030 Period Ending: 08/01/2020 Pay Date : 08/05/2020 Week 32 Page 2

© 1996Automatic Data Processing, Inc.

VOLUNTARY DED. ANALYSIS:

I, DOREEN ROOKS	OFFICE MANAGER
(Name of signatory party)	(Title)
Do hereby state:	
that during the payroll period commencine ending the day of Augus project have been paid the full weekly was be made either directly or indirectly to Company from the full weekly (Contraperson and that no deductions have been wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle A)	- MELVIN PRICE FEDERAL COURTHOUSE
above period are correct and complete; contained therein are not less than the	his contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage act; that the classifications set forth therein for ne work he performed.
fide apprenticeship program registered w by the Bureau of Apprenticeship and Tra	e above period are duly registered in a bona vith a State apprenticeship agency recognized ining, United States Department of Labor, or if a State, are registered with the Bureau of es Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFITS ARE	E PAID TO APPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVI	I SI LC							47PF0019C0092			
Payroll No. 24				For			ng: 8/8	3/20			
					Day	and [Date				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	2	3	4	5	6	7	8		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
	~										
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

										
PERSONNEL	HOURS Reg O/T Hours 3&4	EARNINGS Reg 0/1 Earnings 38	M Farnings 5	GROSS	STATUTORY DED	State/Local	VOLUNTA	RY DEDUCTI	ONS	NET PAY .
ARMSTRONG,BRUCE	40.00	2,003.60	x+ Earlings 5		1.GGG1G1	Olate/Local				:::: k::::::::::::::::::::::::::::::::
File: 000101		_,,,,,,,,								
Dept: 000002										
Rate: 50.0900										
Dept: 000002	40.00 FR	1,508.48	FR							
Rate: 37.7120				3,512.08	192.14 FIT	99.18 IL 43 S2	263.33	N MEDINS	263.33- U MEDREI	Memo
					124.22 SS					
					29.05 MED					3,067.49
LAUGHLIN,TIMOTHY	40.00	1,001.80								
SHANE										
File: 000178										
Dept: 000002										
Rate: 25.0450										
Dept: 000002	40.00 FR	1,468.40	FR							
Rate: 36.7100				2,470.20	123.36 FIT					Memo
					62.11 SS					
					14.53 MED					2,270.20
DEPT TOTAL	80.00 REG	3,005.40 REG	.00	O/T	315.50 F	IT		.00 TOTAL	DEDUCTIONS	2 Pays
000002	.00 O/T	.00 EARNINGS 3		EARNINGS 4	186.33 S	S				5,337.69
	.00 HOURS 3	.00 EARNINGS 5	5,982.28		43.58 N					
	80.00 HOURS 4				99.18 S	TATE				
HOURS ANALYSIS:	80.00	FR Fringe			•					•
EARNINGS ANALYSIS:	2,976.88	FR Fringe								
STATUTORY DED. ANA	ALYSIS: 99.18	43 IL								

ARMSTRONG ELEVATOR

Company Code: GTB

Batch: 0892-030 Period Ending: 08/08/2020 Pay Date : 08/12/2020 Week 33 Page 1

Service Center: 030

VOLUNTARY DED. ANALYSIS:

263.33

(Name of signatory party) (Title)
Do hereby state:
(1) That I pay or supervise the payment of the persons employed by Armstrong Elevator Company at GSA- MELVIN PRICE FEDERAL COURTHOUSE (Contractor or Subcontractor) (Building or work) that during the payroll period commencing on the 2 day of August 2020 and ending the 8 day of August 2020, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Armstrong Elevator Company from the full weekly (Contractor or subcontractor) wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or in no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
(4) That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- In addition to the basic hourly wage rates paid to each laborer or mechanic

listed in the above referenced payroll, payments of fringe benefits as listed.

OFFICE MANAGER

DOREEN ROOKS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELV	IN PRICE FEL	COURTHOUSE- EAS	1 21 FC				ract N			47PF0019C0092	
Payroll No. 25				For			g: 8/1	5/20			
					Day	and I	Date				
Name, Address	Tax/	Work	S	M	T	W	T	F	S	Rate	Fringe
	Dep	Classification	9	10	11	12	13	14	15		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

PERSON	INEL	HOURS	EARNINGS		GROSS	STATUTORY DEDUC		VOLUNTARY DEDUCT		NET PAY 🗸
ARMSTRO	ONG,BRUCE	Reg O/T Hours 3&4	Reg O/T E	Earnings 3&4 Earnings	3	Federal S	State/Local			
File:	000101									
Dept:	000002									
Rate:	50.0900									
Dept:	000002	40.00 FF	1	1,508.48 FR						
Rate:	37.7120				3,512.08	192.14 FIT	99.18 IL 43 S2	263.33 N MEDINS	263.33- U MEDREI	Memo
						124.22 SS				
						29.05 MED				3,067.49
LAUGHLII	N,TIMOTHY	40.00	1,001.80							
SHANE										
File:	000178									
Dept:	000002									
Rate:	25.0450									
Dept:	000002	40.00 FF	!	1,468.40 FR						_
Rate:	36.7100				2,470.20	123.36 FIT				Memo
						62.11 SS				
						14.52 MED				2,270.21
DEPT TO	OTAL	80.00 REG	3,005.40 REG	.00	O/T	315.50 FIT		.00 TOTA	L DEDUCTIONS	2 Pays
000002		.00 O/T	.00 EARN		EARNINGS 4	186.33 SS				5,337.70
		.00 HOURS 3	.00 EARN	IINGS 5 5,982.28	GROSS	43.57 ME	D			
		80.00 HOURS 4		·		99.18 ST/	ATE			
HOURS A	NALYSIS:	80.00	FR Fringe			•		•		•
EARNING	S ANALYSIS:	2,976.88	-							
STATUTO	RY DED. ANA	LYSIS: 99.18	3 43 IL							
VOLUNTA	RY DED. ANA	LYSIS: 263.33	N MEDINS	263.33-	U MEDREI					

Labor Distribution

ARMSTRONG ELEVATOR

Company Code: GTB

Batch: 1746-030 Period Ending: 08/15/2020

Week 34 Page 2

Service Center: 030

Pay Date : 08/19/2020

(Name of signatory party)	(Title)
Do hereby state:	
that during the payroll period commencired ending the 15 day of Augus project have been paid the full weekly we be made either directly or indirectly to Company from the full weekly (Contra person and that no deductions have been wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle A)	A- MELVIN PRICE FEDERAL COURTHOUSE (Building or work) Indicate (Building or Work) (Building or work) (Building or Work)
above period are correct and complete; contained therein are not less than the	his contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage act; that the classifications set forth therein for ne work he performed.
fide apprenticeship program registered w by the Bureau of Apprenticeship and Tra	e above period are duly registered in a bona with a State apprenticeship agency recognized ining, United States Department of Labor, or if a State, are registered with the Bureau of es Department of Labor.

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

OFFICE MANAGER

DOREEN ROOKS

(4) That:

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN P	RICE FED	COURTHOUSE- EAS	T ST LC	DUIS, N	10	Contr	act N	0.:		47PF0019C0092	
Payroll No. 26				For week ending: 8/22/20							
					Day	and [Date				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	16	17	18	19	20	21	22		
				1		,		1			
Bruce Armstrong	М	ELEVATOR								50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
		/								57.555	

PERSO	NNEL	HOURS	EARNINGS	GROSS	STATUTORY DEDUCTIONS	VOLUNTARY DEDUCTIONS	NET PAY 🗸
		Reg O/T Hours 3&4	Reg O/T Earnings 3&4 Earnings 5	i	Federal State/Local		
LAUGHL	IN,TIMOTHY	40.00	1,001.80				
SHANE							
File:	000178						
Dept:	000002						
Rate:	25.0450						
Dept:	000002	40.00 FR	1,468.40 FR				1
Rate:	36.7100			2,470.20	123.36 FIT		Memo 🗆
					62.11 SS		
					14.53 MED		2,270.20
DEPT T	OTAL	40.00 REG	1,001.80 REG .00	O/T	123.36 FIT	.00 TOTAL DEDUCTIONS	1 Pays □
000002		.00 O/T		EARNINGS 4	62,11 SS		2,270.20
	-	,00 HOURS 3	.00 EARNINGS 5 2,470.20		14,53 MED		_,
		40,00 HOURS 4	2, 110,20	0000			
	4114111010						

HOURS ANALYSIS: 40.00 FR Fringe **EARNINGS ANALYSIS:** 1,468.40 FR Fringe



ARMSTRONG ELEVATOR

Batch : 2514-030

Period Ending: 08/22/2020 Pay Date : 08/26/2020 Week 35 Page 1

Company Code: GTB

Service Center: 030

(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period comme ending the 22 day of Aug project have been paid the full weekly be made either directly or indirectly company from the full weekly (Company from the	GSA- MELVIN PRICE FEDERAL COURTHOUSE
above period are correct and comple contained therein are not less than to	ler this contract required to be submitted for the ete; that the wage rates for laborers or mechanics the applicable wage rates contained in any wage ontract; that the classifications set forth therein for ith the work he performed.
fide apprenticeship program registere	in the above period are duly registered in a bona ed with a State apprenticeship agency recognized Training, United States Department of Labor, or if

no such recognized agency exists in a State, are registered with the Bureau of

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

Apprenticeship and Training, United States Department of Labor.

listed in the above referenced payroll, payments of fringe benefits as listed.

(4) That:

PROGRAMS

OFFICE MANAGER

DOREEN ROOKS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

XPLANATION

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MEL\ Payroll No.		For week ending: 8/29/20						47PF0019C0092			
Payroll No. 27				101				37 <u>2</u> 0			
Name, Address	Tax/	Work	S	М	T T	W	T	l F	S	Rate	Fringe
	Dep	Classification	23	24	25	26	27	28	29		90
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

							Value I			
PERSONNEL	HOURS Reg O/T Hours 3&4	EARNINGS Reg 0/T Earnings 38	M Farnings 5		STATUTORY DEDI	State/Local	VOLUNTA	RY DEDUCTI	ONS	NET PAY .
ARMSTRONG,BRUCE	40.00	2,003.60	at Lamings 5		1 Cuerai	Olate/Local				
File: 000101		_,,,,,,,,								
Dept: 000002										
Rate: 50.0900										
Dept: 000002	40.00 FR	1,508.48	FR							
Rate: 37.7120				3,512.08	192.14 FIT	99.18 IL 43 S2	263.33	N MEDINS	263.33- U MEDREI	Memo
					124.23 SS					
					29.05 MED					3,067.48
LAUGHLIN,TIMOTHY	40.00	1,001.80								
SHANE										
File: 000178										
Dept: 000002										
Rate: 25,0450										
Dept: 000002	40.00 FR	1,468.40	FR							
Rate: 36.7100				2,470.20	123.36 FIT					Memo
					62.11 SS					
					14.53 MED					2,270.20
DEPT TOTAL	80.00 REG	3,005.40 REG	.00	O/T	315.50 F	IT		.00 TOTAL	DEDUCTIONS	2 Pays
000002	.00 O/T	.00 EARNINGS 3	2,976.88 E	EARNINGS 4	186.34 S	S				5,337.68
	.00 HOURS 3	.00 EARNINGS 5	5,982.28		43.58 M	IED				
	80.00 HOURS 4				99,18 S	TATE				
HOURS ANALYSIS:	80.00	FR Fringe			•					•
EARNINGS ANALYSIS:	2,976.88	FR Fringe								
STATUTORY DED. ANA	ALYSIS: 99.18	43 IL								

ARMSTRONG ELEVATOR

Company Code: GTB

Batch: 3428-030 Period Ending: 08/29/2020

Week 36 Page 2

Service Center: 030

Pay Date : 09/02/2020

VOLUNTARY DED. ANALYSIS:

263.33

(Name of signatory party)	(Title)
Do hereby state:	
that during the payroll period commencion ending the 29 day of August project have been paid the full weekly when the directly or indirectly to the company from the full weekly (Contraperson and that no deductions have been wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle August)	cof the persons employed by A-MELVIN PRICE FEDERAL COURTHOUSE (Building or work) (Bui
above period are correct and complete; contained therein are not less than the	this contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage ract; that the classifications set forth therein for the work he performed.
fide apprenticeship program registered by the Bureau of Apprenticeship and Tra	he above period are duly registered in a bona with a State apprenticeship agency recognized aining, United States Department of Labor, or if a State, are registered with the Bureau of tes Department of Labor.

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

OFFICE MANAGER

DOREEN ROOKS

(4) That:

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
- X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.
- (c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	
KEWAKKO	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELV		COURTHOUSE- EAS	1 21 FC				act N			47PF0019C0092	
Payroll No.	31		For week ending: 9/26/20 Day and Date								
					Day)ate				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	20	21	22	23	24	25	26		
Bruce Armstrong	М	ELEVATOR	1	8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHALICH BY	C	14501141110								05.05	00.51
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

PERSON	INEL	HOURS Reg O/T Hours 34	EARNINGS 4 Reg 0/	T Earnings 3&4 Earnings	GROSS	STATUTORY DEDUCTIONS Federal State/Local	VOLUNTARY DEDUCTIONS	NET PAY 🗸
	ONG,BRUCE	40.00	2,003.60	i Lanniya 304 Lanniya	4 :	1 coeiai State/Local		_
File: Dept: Rate:	000101 000002 50.0900							
Dept:	000002	40.00	R	1,508.48 FR				1
Rate:	37.7120				3,512.08	192.14 FIT 99.18 IL 43 S2 124.23 SS 29.05 MED	2 263.33 N MEDINS 263.33- U MEDREI	Memo 3,067.48
LAUGHLII SHANE File:	N,TIMOTHY 000178	40.00	1,001.80					
Dept:	000002 25.0450							
Dept: Rate:	000002 36.7100	40.00	R	1,468.40 FR	2,470.20	123.36 FIT 62.11 SS 14.53 MED		Memo 2,270.20
DEPT TO 000002		80.00 REG .00 O/T .00 HOURS 3 80.00 HOURS 4			EARNINGS 4	315.50 FIT 186.34 SS 43.58 MED 99.18 STATE	.00 TOTAL DEDUCTIONS	2 Pays 5,337.68
	NALYSIS: S ANALYSIS: RY DED, ANA	80. 2,976. ALYSIS: 99.					•	

ARMSTRONG ELEVATOR

Batch: 6767-030 Period Ending: 09/26/2020 Pay Date : 09/30/2020 Week 40 Page 2

Company Code: GTB Service Center: 030

VOLUNTARY DED. ANALYSIS:

263.33

-,	(Name of signatory party)	(Title)
Do	hereby state:	
that en probe Co	contractor or Subcontractor) at during the payroll period commeding the 26 day of Seption piper have been paid the full weekl made either directly or indirectly mpany from the full weekly (Corson and that no deductions have ges earned by any person, ot gulations, Part 3 (29 CFR Subtitle	GSA- MELVIN PRICE FEDERAL COURTHOUSE
_		
_		
ab co de	ove period are correct and comple ntained therein are not less than	er this contract required to be submitted for the te; that the wage rates for laborers or mechanics the applicable wage rates contained in any wage ontract; that the classifications set forth therein for the work he performed.
		n the above period are duly registered in a bona ed with a State apprenticeship agency recognized

by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

Apprenticeship and Training, United States Department of Labor.

listed in the above referenced payroll, payments of fringe benefits as listed.

(4) That:

PROGRAMS

OFFICE MANAGER

DORFEN ROOKS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

XPLANATION

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELV Payroll No.	28		For week ending: 9/5/20								
,			Day and Date								
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	30	31	1	2	3	4	5		
Bruce Armstrong	M	ELEVATOR	Ī	8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

PERSONNEL	HOURS	EARNINGS	GROSS	STATUTORY DEDUCTIONS	VOLUNTARY DEDUCTIONS	NET PAY ✓
	Reg O/T Hours 3&4	Reg O/T Earnings 3&4 Earn	ings 5	Federal State/Local		
ARMSTRONG,BRUCE	40.00	2,003.60				
File: 000101						
Dept: 000002						
Rate: 50.0900						
Dept: 000002	40.00 FR	1,508.48 FR				'
Rate: 37.7120			3,512.08	192.14 FIT 99.18 IL 43 S2	2 263.33 N MEDINS 263.33- U MEDREI	Memo 🗆
				124.22 SS		
				29.06 MED		3,067.48
LAUGHLIN,TIMOTHY	40.00	1,001.80				
SHANE						
File: 000178						
Dept: 000002						
Rate: 25.0450						
Dept: 000002	40.00 FR	1,468.40 FR				
Rate: 36.7100			2,470.20	123.36 FIT		Memo \square
				62.12 SS		
				14.52 MED		2,270.20
DEPT TOTAL	80.00 REG	3,005.40 REG	.00 O/T	315.50 FIT	.00 TOTAL DEDUCTIONS	2 Pays
000002	.00 O/T	1	76.88 EARNINGS 4	186.34 SS	.00 TOTAL DEDOCTIONS	5,337.68
000002	.00 HOURS 3	· ·	82.28 GROSS	43.58 MED		3,337.00
	80.00 HOURS 4	.00 EARININGS 5 5,90	52.20 GROSS	99.18 STATE		
HOLIDE ANALYSIS:		ED Eringo		99,10 STATE	I	
HOURS ANALYSIS:	80.00	FR Fringe				
EARNINGS ANALYSIS:	2,976.88	FR Fringe				
STATUTORY DED. ANA	LYSIS: 99.18	43 IL				

Labor Distribution

ARMSTRONG ELEVATOR

Company Code: GTB

Batch: 4237-030 Period Ending: 09/05/2020

Week 37 Page 1

Service Center: 030 Pay Date : 09/09/2020

VOLUNTARY DED. ANALYSIS:

263.33

(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period commencine ending the 6 day of Septemb project have been paid the full weekly was be made either directly or indirectly to Company from the full weekly (Contract person and that no deductions have been wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle A)	- <u>MELVIN PRICE FEDERAL COUR</u> THOUSE (Building or work) g on the ³⁰ day of August 2020 and
above period are correct and complete; contained therein are not less than the a	his contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage act; that the classifications set forth therein for e work he performed.
fide apprenticeship program registered w by the Bureau of Apprenticeship and Trai	e above period are duly registered in a bona ith a State apprenticeship agency recognized ning, United States Department of Labor, or if a State, are registered with the Bureau of es Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFITS ARE	PAID TO APPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

listed in the above referenced payroll, payments of fringe benefits as listed.

OFFICE MANAGER

DOREEN ROOKS

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELV		COURTHOUSE- EAS	1 21 FC				ract N			47PF0019C0092	
Payroll No.	29			For			g: 9/1 :	2/20			
					Day	and I					
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	6	7	8	9	10	11	12		
				•		,					
Bruce Armstrong	M	ELEVATOR		8H	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8H	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
		/								57.555	""

PERSON	NEL	HOURS Reg	о/т	Hours 3		EARNINGS Reg	O/T Earnings 3	&4 Earnings	GROSS 5	STATUTORY DEDUC	TIONS ate/Local	VOLUNT	ARY DEDUCT	IONS	NET PAY	Y 🗸
ARMSTRO	NG,BRUCE	32.00		8.00	Н	1,602.88	400.72	Н								
File:	000101															
Dept:	000002															
Rate:	50.0900															
Dept:	000002			40.00	FR		1,508.48	FR								_
Rate:	37.7120								3,512.08	192.14 FIT	99.18 IL 43 S2	263.33	N MEDINS	263.33- U MEDREI	Memo	
										124.22 SS						
										29.05 MED					3,06	67.49
LAUGHLIN	I,TIMOTHY	32.00		8.00	н	801.44	200.36	Н								
SHANE																
File:	000178															
Dept:	000002															
Rate:	25.0450															
Dept:	000002			40.00	FR		1,468.40	FR								
Rate:	36.7100								2,470.20	123.36 FIT					Memo	
										62.11 SS						
										14.53 MED					2,27	70.20
DEPT TO	TAI		64.00	PEC		2,404.32	PEG	00	O/T	315.50 FIT			00 TOTAL	DEDUCTIONS	2 Pa	ays 🗆
000002	/IAL		.00				EARNINGS 3		EARNINGS 4	186.33 SS			.00 10174	DEDOCTIONS		37.69
000002				HOURS 3			EARNINGS 5	5,982.28		43.58 MED	1				3,30	37.03
				HOURS 4		.00	LAKININGO 5	3,302.20	OROGO	99,18 STA						
HOURS A	NAI VSIS:	1	00.00		.00	H HOL		80.00	FR Fringe	33,10 GTA	· •	I.				
	S ANALYSIS:			601		H HOL			FR Fringe							
		I Vele						2,970.00	FK Fillige							
	RY DED. ANA				.18 4											
VOLUNTAR	RY DED. ANA	LYSIS:		263	.33	N MEDINS		263.33-	U MEDREI							

Labor Distribution

ARMSTRONG ELEVATOR

Batch : 5063-030 Period Ending : 09/12/2020

Service Center: 030

Pay Date : 09/16/2020

Week 38 Page 2

Company Code: GTB

(Name of signatory party)	(Title)
Do hereby state:	
that during the payroll period commencing ending the 12 day of September project have been paid the full weekly wag be made either directly or indirectly to company from the full weekly (Contract person and that no deductions have been wages earned by any person, other the Regulations, Part 3 (29 CFR Subtitle A), is	the persons employed by MELVIN PRICE FEDERAL COURTHOUSE (Building or work) on the 6 day of September 2020 and 2020, all persons employed on said es earned, that no rebates have been or will or on behalf of said Armstrong Elevator or subcontractor) wages earned by any made either directly or indirectly from the full ian permissible deductions as defined in ssued by the Secretary of Labor under the 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40
above period are correct and complete; the contained therein are not less than the ap-	s contract required to be submitted for the at the wage rates for laborers or mechanics plicable wage rates contained in any wage it; that the classifications set forth therein for work he performed.
fide apprenticeship program registered with by the Bureau of Apprenticeship and Train	above period are duly registered in a bona in a State apprenticeship agency recognized ing, United States Department of Labor, or if State, are registered with the Bureau of Department of Labor.

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

OFFICE MANAGER

DOREEN ROOKS

(4) That:

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Payroll No.	30										
						and [g: 9/1 ! Date				
Name, Address	Tax/ Dep	Work Classification	S 13	M 14	T 15	W 16	17	F 18	\$ 19	Rate	Fringe
Bruce Armstrong (b) (6) (b) (6)	M 0	ELEVATOR MECHANIC		8	8	8	8	8		50.09 75.135	37.71 37.71
ΓΙΜΟΤΗΥ LAUGHLIN (5) (6)	S 0	MECHANIC APPRENTICE		8	8	8	8	8		25.05 37.568	36.71 36.71

PERSON	NEL	HOURS		EARNINGS			GROSS	STATUTORY DE		VOLUNTA	RY DEDUCT	ONS		NET PAY	
A DMSTDC	ONG,BRUCE	Reg O/T 40.00	Hours 3&4	Reg 2,003.60	O/T Earnings 3	&4 Earnings	5	Federal	State/Local						333333
	000101	40.00		2,003.00											
	000002														
	50.0900														
	000002		40.00 FR		1,508.48	FR									
•	37.7120		10,00 111		.,000,10		3,512.08	192.14 FIT	99.18 IL 43 S2	263.33	N MEDINS	263.33-	U MEDREI	Memo	
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	124.22 SS							
								29.05 MED)					3,06	7.49
LAUGHLIN SHANE	N,ТІМОТНҮ	40.00		1,001.80											
	000178														
	000178														
	25,0450														
	000002		40.00 FR		1,468,40	FR									
	36.7100				.,		2,470.20	123.36 FIT						Memo	
								62.11 SS							
								14.52 MED)					2,27).21
DEPT TO	OTAL	80.00) REG	3,005.40	REG	.00	O/T	315.50	FIT		.00 TOTAL	DEDUCTIO	NS	2 Pay	
000002) O/T		EARNINGS 3		EARNINGS 4	186.33						5,33	
			HOURS 3		EARNINGS 5	5,982.28		43.57						,,,,,	
			HOURS 4			,,,,,,		99.18							
HOURS A	NALYSIS:		80.00	FR Fringe											
EARNINGS	S ANALYSIS:	·	2,976.88	FR Fringe	<u> </u>		<u> </u>	<u> </u>							
STATUTO	RY DED. ANA	LYSIS:	99.18	43 IL						_	_				
VOLUNTA	RY DED. ANA	LYSIS:	263.33	N MEDINS		263.33-	U MEDREI								

ARMSTRONG ELEVATOR

Service Center: 030

Batch : 5882-030 Period Ending : 09/19/2020 Pay Date : 09/23/2020 Week 39 Page 1

Company Code: GTB

(Name of sign	atory party)	(Title)
Do hereby state:		
Armstrong Eleva (Contractor or Su that during the pay ending the 19 project have been be made either d Company from th person and that no wages earned by Regulations, Part	paid the full weekly wages earned irectly or indirectly to or on being full weekly (Contractor or substitutions) have been made either any person, other than permits (29 CFR Subtitle A), issued by amended (48 Stat. 948,63 Stat.	pns employed by PRICE FEDERAL COURTHOUSE ng or work) 13 day of September 2020 and 020, all persons employed on said d, that no rebates have been or will half of said Armstrong Elevator procentractor) wages earned by any ner directly or indirectly from the full hissible deductions as defined in the Secretary of Labor under the 108, 72 Stat. 967; 76 Stat. 357; 40
above period are of contained therein determination inco	correct and complete; that the wa are not less than the applicable	et required to be submitted for the age rates for laborers or mechanics wage rates contained in any wage e classifications set forth therein for performed.
fide apprenticeship by the Bureau of A no such recognize	program registered with a State pprenticeship and Training, Unite	eriod are duly registered in a bona apprenticeship agency recognized ad States Department of Labor, or if the registered with the Bureau of the nent of Labor.

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

OFFICE MANAGER

DOREEN ROOKS

(4) That:

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
- X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.
- (c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MEL' Payroll No.	32						ract N g: 10/ 3			47PF0019C0092	
4 4710111101	- 1		T	101							
Name, Address	Tax/	Work	S	М	T T	W	T	F	S	Rate	Fringe
	Dep	Classification	27	28	29	30	1	2	3		9
	- 1-										
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71

PERSONNEL	HOURS Reg 0/1 Hours 3&4	EARNINGS Reg 9/4 Earnings 3	&4 Earnings	GROSS	STATUTORY DEDU	JCTIONS State/Local	VOLUNTARY DEDUCTIONS	NET PAY 🗸
ARMSTRONG,BRUCE	40.00	2,003.60	·····					
File: 000101 Dept: 000002 Rate: 50,0900								
Dept: 000002	40,00 FR	1,508,48	ED					
Rate: 37.7120	40,00 110	1,300.40	TK	3,512.08	192.14 FIT 124.22 SS 29.06 MED	99.18 IL 43 S2	263.33 N MEDINS 263.33- U MEDREI	Memo 3,067.48
SHANE File: 000178	40.00	1,001.80						
Dept: 000002 Rate: 25,0450								
Dept: 000002	40,00 FR	1,468.40	FR					
Rate: 36.7100		,		2,470.20	123.36 FIT 62.11 SS 14.53 MED			Memo
DEPT TOTAL 000002	80.00 REG .00 O/T .00 HOURS 3 80.00 HOURS 4	3,005.40 REG .00 EARNINGS 3 .00 EARNINGS 5		O/T EARNINGS 4 GROSS	315.50 FI 186.33 SS 43.59 MI 99.18 ST	S ED	.00 TOTAL DEDUCTIONS	2 Pays 5,337.68
HOURS ANALYSIS:	80.00	FR Fringe						
EARNINGS ANALYSIS:	2,976.88	FR Fringe						
STATUTORY DED. ANA	LYSIS: 99.18	43 IL						
VOLUNTARY DED. ANA	LYSIS: 263.33	N MEDINS	263.33-	U MEDREI				

Labor Distribution

ARMSTRONG ELEVATOR

Batch: **7604-030** Period Ending: **10/03/2020**

Week 41 Page 1

Company Code: GTB

Service Center: 030 Pay Date : 10/07/2020

(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period commencine ending the day of October project have been paid the full weekly was be made either directly or indirectly to Company from the full weekly (Contract person and that no deductions have been wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle A)	of the persons employed by - MELVIN PRICE FEDERAL COURTHOUSE (Building or work) g on the 27 day of September 2020 and 2020, all persons employed on said ges earned, that no rebates have been or will or on behalf of said Armstrong Elevator ctor or subcontractor) wages earned by any made either directly or indirectly from the full than permissible deductions as defined in issued by the Secretary of Labor under the 8,63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40
·	
above period are correct and complete; contained therein are not less than the	nis contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage act; that the classifications set forth therein for the work he performed.
fide apprenticeship program registered w by the Bureau of Apprenticeship and Trai	e above period are duly registered in a bona ith a State apprenticeship agency recognized ning, United States Department of Labor, or if a State, are registered with the Bureau of es Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFITS ARE	E PAID TO APPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

listed in the above referenced payroll, payments of fringe benefits as listed.

OFFICE MANAGER

DOREEN ROOKS

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

XPLANATION

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN PRICE FED COURTHOUSE- EAST ST LOUIS, MO Contract No.: 47PF0019C0092										
Payroll No. 34 For week ending: 10/17/20										
				Day		Date				
Tax/		S	М	T	W	T	F	S	Rate	Fringe
Dep	Classification	11	12	13	14	15	16	17		
М	ELEVATOR		8	8	8	8	8		50.09	37.71
0	MECHANIC								75.135	37.71
S	MECHANIC		8	8	8	8	8		25.05	36.71
0	APPRENTICE								37.568	36.71
М	ELEVATOR						8		50.09	37.71
1	MECHANIC								75.135	37.71
	Tax/Dep M 0	Tax/ Dep Classification M ELEVATOR 0 MECHANIC S MECHANIC APPRENTICE M ELEVATOR	Tax/ Work S Classification 11 M ELEVATOR MECHANIC S MECHANIC APPRENTICE M ELEVATOR	34 For v Tax/ Dep Work Classification S M 11 12 M ELEVATOR MECHANIC 8 O MECHANIC 8 APPRENTICE 8	Tax/ Dep For week 6 Tax/ Dep Work Classification S M T II T II II	Tax/	Tax/ Dep	Tax/ Dep	Tax/ Dep	Tax/

PERSONNEL	HOURS	EARNINGS	GROSS	STATUTORY DEDUCTIONS	VOLUNTARY DEDUCTIONS	NET PAY 🗸
ARMSTRONG,BRUCE File: 000101	Reg O/T Hours 3&4 40.00	Reg O/T Earnings 3&4 Earnings 5 2,003.60		Federal State/Local		
Dept: 000002 Rate: 50.0900						
Dept: 000002	40.00 FR	1,508.48 FR				
Rate: 37.7120			3,512.08	192.14 FIT 99.18 IL 43 S 124.23 SS 29.05 MED	S2 263.33 N MEDINS 263.33- U MEDREI	Memo 3,067.48
LAUGHLIN,TIMOTHY	40.00	1,001.80				
SHANE File: 000178 Dept: 000002 Rate: 25.0450						
Dept: 000002	40.00 FR	1,468.40 FR				
Rate: 36.7100			2,470.20	123.36 FIT 62.11 SS 14.53 MED		Memo
MCCALL,VICTOR S File: 000188 H Dept: 000098 W Dept: 000002 Rate: 50,0900	8.00	400.72				
Dept: 000002	8.00 FR	301.70 FR				_
Rate: 37,7120			702.42	25.60 FIT 24.85 SS 5.81 MED		Memo 646.16
DEPT TOTAL 000002	88.00 REG .00 O/T .00 HOURS 3 88.00 HOURS 4	3,406.12 REG .00 C .00 EARNINGS 3 3,278.58 E .00 EARNINGS 5 6,684.70 C	EARNINGS 4	341.10 FIT 211.19 SS 49.39 MED 99.18 STATE	.00 TOTAL DEDUCTIONS	3 Pays 5,983.84
HOURS ANALYSIS:	88.00	· ·				
EARNINGS ANALYSIS:	3,278.58	FR Fringe				
STATUTORY DED. ANA	ALYSIS: 99.18	43 IL				

VOLUNTARY DED. ANALYSIS: 263.33 N MEDINS 263.33- U MEDREI



ARMSTRONG ELEVATOR

Company Code: GTB

Batch : **0633-030**

Period Ending: 10/17/2020

Week 43 Page 1

Service Center: 030

Pay Date : 10/21/2020

Ι,	DOREEN ROOKS	OFFICE MANAGER
	(Name of signatory party)	(Title)
Do	hereby state:	
that end pro be Cor per wag Reg Cor	enstrong Elevator Company a contractor or Subcontractor): during the payroll period company ing the 17 day of October have been paid the full week made either directly or indirectly or indirectly or indirectly on and that no deductions have been paid the full weekly (0 son and that no deductions have been earned by any person, gulations, Part 3 (29 CFR Subsections)	nencing on the <u>11 day</u> of <u>October</u> <u>202</u> 0 and <u>tober</u> <u>2020</u> , all persons employed on said ekly wages earned, that no rebates have been or will ctly to or on behalf of said <u>Armstrong Elevator</u> Contractor or subcontractor) wages earned by any re been made either directly or indirectly from the full other than permissible deductions as defined in title A), issued by the Secretary of Labor under the tat. 948,63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40
abc con det	ve period are correct and comp tained therein are not less tha	nder this contract required to be submitted for the plete; that the wage rates for laborers or mechanics in the applicable wage rates contained in any wage contract; that the classifications set forth therein for with the work he performed.
fide by t	apprenticeship program regist he Bureau of Apprenticeship ar	d in the above period are duly registered in a bona ered with a State apprenticeship agency recognized nd Training, United States Department of Labor, or if its in a State, are registered with the Bureau of d States Department of Labor.
(4)	That:	
	(a) WHERE FRINGE BENEFIT OGRAMS	S ARE PAID TO APPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Fringe
Fringe
Fringe
37.71
37.71
36.71
36.71
37.71
37.71

	INEL	HOURS	EARNINGS			GROSS	STATUTORY DED	UCTIONS	VOLUNI	ARY DEDUCT	IONS		NEIPA	Y /
		Reg O/T Hours 3&4	Reg O	/T Earnings 3&4	Earnings 5		Federal	State/Local						
ARMSTRO	ONG,BRUCE	40.00	2,003.60											
File:	000101													
Dept:	000002													
Rate:	50.0900													
Dept:	000002	40.00 FR		1,508.48 F	R									
Rate:	37.7120					3,512.08	192.14 FIT	99.18 IL 43 S2	263.33	N MEDINS	263.33- U	MEDREI	Memo	
							124.22 SS							
							29.05 MED						3,0	067.49
LAUGHLI	N,TIMOTHY	40.00	1,001.80											
SHANE														
File:	000178													
Dept:	000002													
Rate:	25.0450													
Dept:	000002	40.00 FR		1,468.40 F	R									_
Rate:	36.7100					2,470.20	123.36 FIT						Memo	
							62.12 SS							
							14.52 MED						2,2	270.20
MCCALL,	VICTOR S	40.00	1,402.40											
File:	000188													
Dept:	000002													
Rate:	35.0600													
Dept:	000002	40.00 FR		1,508.48 F	R									_
Rate:	37.7120					2,910.88	193.30 FIT						Memo	
							86.95 SS							
							20.33 MED						2,6	610.30
DEPT TO	OTAL	120,00 REG	4,407.80	REG	.00 (D/T	508,80 F	TIT		00 TOTAL	DEDUCTIONS	•	3 P	Pays 🗆
000002		,00 O/T		EARNINGS 3	4,485.36 E		273,29			.00 10171		•	I	947.99
1		.00 HOURS 3		EARNINGS 5	8,893.16		63.90 M							
ł		120.00 HOURS 4	.00		2,000.10	2.1300	99.18							
HOURS A	ΝΔΙ ΥΝΙΚ:	120.00	FR Fringe				1 33.10	····-	1				1	
JOUNG A	S ANALYSIS:	4,485.36												

STATUTORY DED. ANALYSIS: 99.18 43 IL VOLUNTARY DED. ANALYSIS: 263.33 N MEDINS

263.33- U MEDREI

ARMSTRONG ELEVATOR

Batch : 1507-030

Period Ending: 10/24/2020

Week 44

Company Code: GTB

Service Center: 030

Pay Date : 10/28/2020

Page 2

© 1996Automatic Data Processing, Inc.

(Name of signatory party)	(Title)
Do hereby state:	
that during the payroll period commenciending the 24 day of October project have been paid the full weekly when the directly or indirectly to Company from the full weekly (Contraperson and that no deductions have been wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle American)	A- MELVIN PRICE FEDERAL COURTHOUSE
above period are correct and complete; contained therein are not less than the	this contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage ract; that the classifications set forth therein for the work he performed.
fide apprenticeship program registered	he above period are duly registered in a bona with a State apprenticeship agency recognized aining, United States Department of Labor, or if

no such recognized agency exists in a State, are registered with the Bureau of

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

Apprenticeship and Training, United States Department of Labor.

listed in the above referenced payroll, payments of fringe benefits as listed.

(4) That:

PROGRAMS

OFFICE MANAGER

DOREEN ROOKS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN PRICE FED COURTHOUSE- EAST ST LOUIS, MO Contract No.: 47PF0019C0092											
Payroll No.	36			For v			g: 10/3	1/20			
			Day and Date								
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	25	26	27	28	29	30	31		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
VICTOR MC CALL	М	ELEVATOR		8	8	8	8			50.09	37.71
(b) (6)	1	MECHANIC								75.135	37.71
(b) (6)											
			I								

NET PAY 🗸

VOLUNTARY DEDUCTIONS

SHANE File: 000178 Dept: 000002 Rate: 25.0450 Dept: 000002 Rate: 36.7100 FR 1,468.40 FR 2,470.20 123.36 FIT 62.11 SS 14.53 MED	DINS 263.33- U MEDREI	
Dept: 000002 Rate: 50,0900 Dept: 000002 40,00 FR 1,508,48 FR	DINS 263.33- U MEDREI	
Rate: 50.0900 Dept: 000002 Rate: 37.7120 Rat	DINS 263.33- U MEDREI	
Dept:	DINS 263.33- U MEDREI	
Rate: 37.7120 LAUGHLIN,TIMOTHY SHANE File: 000178 Dept: 000002 Rate: 25.0450 Dept: 000002 Rate: 36.7100 MCCALL,VICTOR S File: 000188 Dept: 000002 File: 000002 File: 000188 Dept: 000002 File: 000188 Dept: 000002 File: 000002 File: 000002 File: 000002 File: 000188 Dept: 000002 File: 0000002	DINS 263.33- U MEDREI	
124.22 SS 29.05 MED	DINS 263.33- U MEDREI	III o i i o
LAUGHLIN,TIMOTHY SHANE		3,067.49
AUGHLIN,TIMOTHY SHANE		3,067.49
SHANE File: 000178 Dept: 000002 Rate: 25.0450 Dept: 000002 Rate: 36.7100 Rate: 36.7100 MCCALL,VICTOR S 601.20 File: 000188 Dept: 000002 49.65 FIT 37.27 SS		
File: 000178 Dept: 000002 Rate: 25.0450 Dept: 000002 Rate: 36.7100 Rate: 36.7100 MCCALL, VICTOR S File: 000188 Dept: 000002 Dept: 0000002 Dept: 0000002 Dept: 0000002 Dept: 0000002 Dept: 0000002 Dept: 000000000000000000000000000000000000		
Dept: 000002 Rate: 25.0450 1,468.40 FR 5.0450 1,468.40 FR 1,468.4		
Rate: 25,0450 Dept: 000002 40,00 FR 1,468.40 FR 2,470.20 123.36 FIT 62.11 SS 62.11 SS 44.53 MED MCCALL,VICTOR S File: 000188 601.20 49.65 FIT 37.27 SS		
Dept: 000002 40.00 FR 1,468.40 FR 2,470.20 123.36 FIT 62.11 SS 14.53 MED MCCALL,VICTOR S File: 000188 Dept: 601.20 601.20 49.65 FIT 37.27 SS		
Rate: 36.7100 2,470.20 123.36 FIT 62.11 SS 14.53 MED MCCALL,VICTOR S 601.20 601.20 49.65 FIT 601.20 49.65 FIT 37.27 SS		
62.11 SS 14.53 MED		
MCCALL,VICTOR S 601.20 14.53 MED		Memo
MCCALL,VICTOR S 601.20 File: 000188 601.20 49.65 FIT Dept: 000002 37.27 SS		
File: 000188 Dept: 000002 601.20 49.65 FIT 37.27 SS		2,270.20
Dept: 000002 37.27 SS		_
·		Memo
Rate: 50, 0900 8,72 MED		Void
· · · · · · · · · · · · · · · · · · ·		
		505.56
Dept: 000002 32.00 1,602.88		
Rate: 50.0900		
Dept: 000002 32.00 FR 1,206.78 FR		
Rate: 37.7120 2,809.66 237.41 FIT		Memo
99.38 SS		Pay 2
23.24 MED		2,449.63
DEPT TOTAL 112.00 REG 5,209.48 REG .00 O/T 602.56 FIT .00	TOTAL DEDUCTIONS	3 Pays
000002 .00 O/T .00 EARNINGS 3 4,183,66 EARNINGS 4 322,98 SS		8,292.88
.00 HOURS 3 .00 EARNINGS 5 9,393.14 GROSS 75.54 MED		5,252.00
112.00 HOURS 4 99.18 STATE		
HOURS ANALYSIS: 112.00 FR Fringe		
EARNINGS ANALYSIS: 4,183,66 FR Fringe		

GROSS STATUTORY DEDUCTIONS

EARNINGS ANALYSIS: 4,183.66 FR Fringe STATUTORY DED. ANALYSIS: 99.18 43 IL

VOLUNTARY DED. ANALYSIS: 263.33 N MEDINS 263,33- U MEDREI

EARNINGS

ARMSTRONG ELEVATOR

Company Code: GTB

Batch : 2395-030

Period Ending: 10/31/2020

Week 45

Service Center: 030

Pay Date : 11/04/2020

PERSONNEL

HOURS

(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period commencing ending the 31 day of October project have been paid the full weekly was be made either directly or indirectly to Company from the full weekly (Contract person and that no deductions have been wages earned by any person, other to Regulations, Part 3 (29 CFR Subtitle A),	MELVIN PRICE FEDERAL COURTHOUSE (Building or work) On the 25 day of October 2020 and
above period are correct and complete; to contained therein are not less than the a	his contract required to be submitted for the hat the wage rates for laborers or mechanics pplicable wage rates contained in any wage act; that the classifications set forth therein for e work he performed.
fide apprenticeship program registered wi by the Bureau of Apprenticeship and Trair	e above period are duly registered in a bona th a State apprenticeship agency recognized ning, United States Department of Labor, or if a State, are registered with the Bureau of as Department of Labor

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

OFFICE MANAGER

DOREEN ROOKS

(4) That:

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELV		COURTHOUSE- EAS	1 21 FC				ract N			47PF0019C0092	
Payroll No.	33		For week ending: 10/10/20								
			Day and Date								
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	4	5	6	7	8	9	10		
				ı	1	ı	ı		ı		
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
		/								57,555	33.72

PERSONNEL	HOURS Reg 0/1 Hours 3&4	EARNINGS Reg 0/1 Earnings 3	&4 Farnings !	GROSS	STATUTORY DEDUCTIONS State/Local	VOLUNTARY DEDUCTIONS	NET PAY 🗸
ARMSTRONG,BRUCE	40.00	2,003.60	······································	5- 222200000000000000000000			00000 \$00000000000000000000000000000000
File: 000101							
Dept: 000002							
Rate: 50.0900							
Dept: 000002	40.00 FR	1,508.48	FR				
Rate: 37.7120				3,512.08	192.14 FIT 99.18 IL	43 S2 263.33 N MEDINS 263.33- U MEDREI	Memo
					124.22 SS		
					29.05 MED		3,067.49
LAUGHLIN,TIMOTHY	40.00	1,001.80					
SHANE							
File: 000178							
Dept: 000002							
Rate: 25.0450							
Dept: 000002	40.00 FR	1,468.40	FR				
Rate: 36.7100				2,470.20	123.36 FIT		Memo 🗆
					62.11 SS		
					14.52 MED		2,270.21
DEPT TOTAL	80.00 REG	3,005.40 REG	.00	O/T	315.50 FIT	.00 TOTAL DEDUCTIONS	2 Pays □
000002	.00 O/T	.00 EARNINGS 3		EARNINGS 4	186.33 SS		5,337.70
	.00 HOURS 3	.00 EARNINGS 5	5,982.28		43.57 MED		
	80.00 HOURS 4		,		99.18 STATE		
HOURS ANALYSIS:	80.00	FR Fringe				-	
EARNINGS ANALYSIS:	2,976.88	FR Fringe					
STATUTORY DED, ANA		-					-

Labor Distribution

ARMSTRONG ELEVATOR

Company Code: GTB

Batch: 8484-030 Period Ending: 10/10/2020 Pay Date : 10/14/2020 Week 42 Page 2

Service Center: 030

VOLUNTARY DED. ANALYSIS:

263.33

N MEDINS

(Name of signatory party)	(Title)
Do hereby state:	
that during the payroll period commencing ending the 10 day of October project have been paid the full weekly wage be made either directly or indirectly to company from the full weekly (Contractoperson and that no deductions have been mades earned by any person, other the Regulations, Part 3 (29 CFR Subtitle A), is	the persons employed by MELVIN PRICE FEDERAL COURTHOUSE (Building or work) on the 4 day of October 2020 and 2020, all persons employed on said es earned, that no rebates have been or will or on behalf of said Armstrong Elevator or subcontractor) wages earned by any made either directly or indirectly from the full an permissible deductions as defined in ssued by the Secretary of Labor under the 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40
above period are correct and complete; the contained therein are not less than the ap	s contract required to be submitted for the at the wage rates for laborers or mechanics plicable wage rates contained in any wage t; that the classifications set forth therein for work he performed.
fide apprenticeship program registered with by the Bureau of Apprenticeship and Traini	above period are duly registered in a bona a State apprenticeship agency recognized ng, United States Department of Labor, or if State, are registered with the Bureau of Department of Labor.
(4) That:	

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

OFFICE MANAGER

DOREEN ROOKS

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN I	roject/Location: GSA MELVIN PRICE FED COURTHOUSE- EAST ST LOUIS, MO Contract No.: 47PF0019C0092										
Payroll No.	37			For			g: 11/ '	7/20			
			Day and Date								
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	1	2	3	4	5	6	7		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
VICTOR MC CALL	М	ELEVATOR								50.09	37.71
(b) (6)	1	MECHANIC								75.135	37.71
(b) (6)											

PERSONNEL	HOURS Reg Ø/T Hours 3&4	EARNINGS Reg 0/1 Earnings 3&4 E		STATUTORY DEDUCTIONS Federal State/Local	VOLUNTARY DEDUCTIONS	NET PAY 🗸
ARMSTRONG,BRUCE	40.00	2,003.60	annings 3	recerai State/Local		
File: 000101	1					
Dept: 000002						
Rate: 50,0900						
Dept: 000002	40.00 FR	1,508.48 FR				
Rate: 37.7120			3,512.08	192.14 FIT 99.18 IL 43 S2 124.23 SS 29.06 MED	2 263.33 N MEDINS 263.33- U MEDREI	Memo 3,067.47
LAUGHLIN,TIMOTHY	40.00	1,001.80				· ·
SHANE						
File: 000178						
Dept: 000002						
Rate: 25.0450						
Dept: 000002	40.00 FR	1,468.40 FR				_
Rate: 36.7100			2,470.20	123.36 FIT		Memo
				62.11 SS		
				14.53 MED		2,270.20
DEPT TOTAL	80.00 REG	3,005.40 REG	.00 O/T	315.50 FIT	.00 TOTAL DEDUCTIONS	2 Pays □
000002	.00 O/T	.00 EARNINGS 3	2,976.88 EARNINGS 4	186.34 SS		5,337.67
	.00 HOURS 3	.00 EARNINGS 5	5,982.28 GROSS	43.59 MED		
	80.00 HOURS 4			99.18 STATE		
HOURS ANALYSIS:	80.00	FR Fringe			•	
EARNINGS ANALYSIS:	2,976.88					
STATUTORY DED. ANA	ALYSIS: 99.18	43 IL				

Labor Distribution

ARMSTRONG ELEVATOR

Service Center: 030

Period Ending: 11/07/2020

Week 46 Page 2

Company Code: GTB

N MEDINS

263.33

Batch : 3221-030 Pay Date : 11/10/2020

VOLUNTARY DED. ANALYSIS:

I, DOREEN ROOKS	OFFICE MANAGER
(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period commencine ending the 7 day of November project have been paid the full weekly was be made either directly or indirectly to Company from the full weekly (Contract person and that no deductions have been wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle A)	- MELVIN PRICE FEDERAL COURTHOUSE
above period are correct and complete; contained therein are not less than the	nis contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage act; that the classifications set forth therein for the work he performed.
fide apprenticeship program registered w by the Bureau of Apprenticeship and Trai	e above period are duly registered in a bona ith a State apprenticeship agency recognized ning, United States Department of Labor, or if a State, are registered with the Bureau of es Department of Labor.
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PROGRAMS	E PAID TO APPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

XPLANATION

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN P	Project/Location: GSA MELVIN PRICE FED COURTHOUSE- EAST ST LOUIS, MO Contract No.: 47PF0019C0092										
Payroll No.	38			For v	veek e			4/20			
			Day and Date								
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	8	9	10	11	12	13	14		
Bruce Armstrong	M	ELEVATOR								50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8H	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
VICTOR MC CALL	М	ELEVATOR								50.09	37.71
(b) (6)	1	MECHANIC								75.135	37.71
(b) (6)											

D

PERSO	NNEL	HOURS		EARNINGS				STATUTORY DEDUCTIONS	VOLUNTARY DEDUCTIONS	NET PAY 🗸
	.IN,TIMOTHY	Reg O/T 32.00	Hours 3&4 8.00 H	Reg (D/T Earnings 3 200.36		5	Federal State/Local		
SHANE										
File:	000178									
Dept:	000002									
Rate:	25.0450									
Dept:	000002		40.00 FR		1,468.40	FR				
Rate:	36.7100						2,470.20	123.36 FIT		Memo \square
								62.11 SS		
								14.52 MED		2,270.21
DEPT 1	OTAL	32.00	REG	801.44	REG	.00	O/T	123.36 FIT	.00 TOTAL DEDUCTIONS	1 Pays □
000002			O/T		EARNINGS 3		EARNINGS 4	62,11 SS		2,270.21
	_		HOURS 3		EARNINGS 5	2,470.20		14,52 MED		
			HOURS 4			_, 0120				
HOURS	ANALYSIS:		8,00	H HOL		40.00	FR Fringe			

1,468.40 FR Fringe

ARMSTRONG ELEVATOR

Company Code: GTB

Service Center: 030

Batch : 4060-030 Period Ending : 11/14/2020 Pay Date : 11/18/2020

Week 47 Page 1

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EARNINGS ANALYSIS:

200.36

H HOL

(Name of signatory party)	(Title)
Do hereby state:	
that during the payroll period commencine ending the 14 day of November project have been paid the full weekly was be made either directly or indirectly to Company from the full weekly (Contractive person and that no deductions have been wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle A)	- MELVIN PRICE FEDERÁL COURTHOUSE (Building or work)
above period are correct and complete; contained therein are not less than the	his contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage act; that the classifications set forth therein for ne work he performed.
fide apprenticeship program registered w by the Bureau of Apprenticeship and Trai	e above period are duly registered in a bona vith a State apprenticeship agency recognized ining, United States Department of Labor, or if a State, are registered with the Bureau of es Department of Labor.
(4) That:	

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

OFFICE MANAGER

DOREEN ROOKS

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN PRICE FED COURTHOUSE- EAST ST LOUIS, MO Contract No.: 47PF0019C0092											
Payroll No.	39			For v		ending		1/20			
					Day	and [Date				
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	15	16	17	18	19	20	21		
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
VICTOR MC CALL	М	ELEVATOR								50.09	37.71
(b) (6)	1	MECHANIC								75.135	37.71
(b) (6)											

PERSONNEL	HOURS Reg 0/1 Hours 3&4	EARNINGS Reg O/T Earnings 3&4		GROSS	STATUTORY DEDUCTIONS Federal State/Local	VOLUNTARY DEDUCTIONS	NET PAY 🗸
ARMSTRONG,BRUCE	40.00	2,003.60		100000000000000000000000000000000000000			* p 000000000000000000000000000000000000
File: 000101							
Dept: 000002							
Rate: 50.0900							
Dept: 000002	40.00 FR	1,508.48 FR	R				
Rate: 37.7120				3,512.08	192.14 FIT 99.18 IL 43 S2	263.33 N MEDINS 263.33- U MEDREI	Memo
					124.22 SS		
					29.05 MED		3,067.49
LAUGHLIN,TIMOTHY	40.00	1,001.80					
SHANE							
File: 000178							
Dept: 000002							
Rate: 25.0450							
Dept: 000002	40.00 FR	1,468.40 FR	R				
Rate: 36.7100				2,470.20	123.36 FIT		Memo \Box
					62.11 SS		
					14.53 MED		2,270.20
DEPT TOTAL	80.00 REG	3,005.40 REG	.00 O	/T	315.50 FIT	.00 TOTAL DEDUCTIONS	2 Pays □
000002	.00 O/T	.00 EARNINGS 3	2,976.88 E	ARNINGS 4	186.33 SS		5,337.69
	.00 HOURS 3	.00 EARNINGS 5	5,982.28 G	ROSS	43.58 MED		
	80.00 HOURS 4				99.18 STATE		
HOURS ANALYSIS:	80.00	FR Fringe				•	
EARNINGS ANALYSIS:	2,976.88	FR Fringe					
STATUTORY DED, ANA	LYSIS: 99.18	43 IL					

Labor Distribution

ARMSTRONG ELEVATOR

Batch : 4959-030 Period Ending : 11/21/2020

Week 48

Company Code: GTB

Service Center: 030

Pay Date : 11/25/2020

Page 2

VOLUNTARY DED. ANALYSIS:

263.33

N MEDINS

-,	(Name of signatory party)	(Title)	=
Do	hereby state:		
tha end probe Co per war Re Co	That I pay or supervise the payment of mstrong Elevator Company at GSA-ontractor or Subcontractor) the during the payroll period commencing the 21 day of November biject have been paid the full weekly was made either directly or indirectly to mpany from the full weekly (Contract is son and that no deductions have been ges earned by any person, other the gulations, Part 3 (29 CFR Subtitle A), peland Act, as amended (48 Stat. 948 S.C. 276c), and described below:	(Building or work) I on the 15 day of November 2020, all persons employed earned, that no rebates have been or on behalf of said Armstrong tor or subcontractor) wages earned either directly or indirectly from permissible deductions as issued by the Secretary of Labor	2020 and ed on said been or will gelevator ed by any rom the full defined in under the
abo cor det	That any payrolls otherwise under the overperiod are correct and complete; the ntained therein are not less than the altermination incorporated into the contract laborer or mechanic conform with the	nat the wage rates for laborers or pplicable wage rates contained in ct; that the classifications set forth	mechanics any wage
fide	That any apprentices employed in the apprenticeship program registered with the Bureau of Apprenticeship and Train	th a State apprenticeship agency i	recognized

no such recognized agency exists in a State, are registered with the Bureau of

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

Apprenticeship and Training, United States Department of Labor.

listed in the above referenced payroll, payments of fringe benefits as listed.

(4) That:

PROGRAMS

OFFICE MANAGER

DORFEN ROOKS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Fringe
37.71
37.71
36.71
36.71
37.71
37.71

PERSONNEL	HOURS		E/	ARNINGS			GROSS	STATUTORY DED	UCTIONS	VOLUNTA	ARY DEDUCT	ONS	NET PAY
		O/T Hours 38	4	Reg	O/T Earnings 38	34 Earnings		Federal	State/Local				
ARMSTRONG,BRUCE	24.00	16.00	Н	1,202.16	801.44	Н							
File: 000101													
Dept: 000002													
Rate: 50,0900													
Dept: 000002		40.00 I	FR		1,508.48	FR							
Rate: 37.7120							3,512.08	192.14 FIT	99.18 IL 43 S2	263.33	N MEDINS	263.33- U MEDREI	Memo
								124.22 SS					
								29.05 MED					3,067.4
LAUGHLIN,TIMOTHY	24.00	16.00	н	601.08	400.72	Н							
SHANE													
File: 000178													
Dept: 000002													
Rate: 25,0450													
Dept: 000002		40.00 I	FR		1,468.40	FR							
Rate: 36.7100							2,470.20	123.36 FIT					Memo
								62.11 SS					
								14.52 MED					2,270.2
DEPT TOTAL		18.00 REG		1,803.24	REG	00	O/T	315.50 F	IT.		00 TOTAL	DEDUCTIONS	2 Pays
000002		.00 O/T			EARNINGS 3		EARNINGS 4	186.33			100 101712	DEDOOTION	5,337.7
***************************************		32.00 HOURS 3			EARNINGS 5	5,982.28		43.57 N					5,557
		30,00 HOURS 4				-,		99,18					
HOURS ANALYSIS:		32.	00	H HOL		80.00	FR Fringe			I.			
EARNINGS ANALYSIS:		1,202,		H HOL			FR Fringe						
STATUTORY DED. ANA	I YSIS:		18 43			_,	9-						
VOLUNTARY DED. ANA		263.		N MEDINS		263.33-	U MEDREI						

ARMSTRONG ELEVATOR

Company Code: GTB

Batch : 5657-030 Period Ending : 11/28/2020 Pay Date : 12/02/2020 Week 49 Page 1

Service Center: 030

(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period comme ending the 28 day of Nove project have been paid the full weekly be made either directly or indirectl Company from the full weekly (Coperson and that no deductions have wages earned by any person, oth Regulations, Part 3 (29 CFR Subtitle	GSA- MELVIN PRICE FEDERAL COURTHOUSE
above period are correct and comple contained therein are not less than to	er this contract required to be submitted for the te; that the wage rates for laborers or mechanics the applicable wage rates contained in any wage ontract; that the classifications set forth therein for the the work he performed.
	n the above period are duly registered in a bona ed with a State apprenticeship agency recognized

by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

Apprenticeship and Training, United States Department of Labor.

listed in the above referenced payroll, payments of fringe benefits as listed.

(4) That:

PROGRAMS

OFFICE MANAGER

DOREEN ROOKS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
- X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.
- (c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN P	RICE FED	COURTHOUSE- EAS	T ST LC	DUIS, N	10	Contr	act N	0.:		47PF0019C0092	
Payroll No. 42 For week ending: 12/12/20											
			Day and Date								
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	6	7	8	9	10	11	12		
Bruce Armstrong	M	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
VICTOR MC CALL	М	ELEVATOR								50.09	37.71
(b) (6)	1	MECHANIC								75.135	37.71
(b) (6)											

PERSONNEL	HOURS	EARNINGS		GROSS	STATUTORY DEDU		VOLUNTA	RY DEDUCTION	ONS	NET PAY 🗸
ARMSTRONG,BRUCE	Reg O/T Hours 3&4 40.00	Reg O/T Earnings 3&4 2,003.60	4 Earnings 5		Federal 5	State/Local				
File: 000101										
Dept: 000002										
Rate: 50.0900										
Dept: 000002	40.00 FR	1,508.48 F	FR							-
Rate: 37.7120				3,512.08	192.14 FIT 124.22 SS 29.06 MED	99.18 IL 43 S2	263.33	N MEDINS	263.33- U MEDREI	Memo
LAUGHLIN,TIMOTHY SHANE	40.00	1,001.80								
File: 000178										
Dept: 000002										
Rate: 25,0450										
Dept: 000002	40.00 FR	1,468.40 F	FR							
Rate: 36.7100				2,470.20	123.36 FIT					Memo 🗆
					62.11 SS					
					14.53 MED					2,270.20
DEPT TOTAL	80.00 REG	3,005.40 REG	.00.		315.50 FIT			.00 TOTAL	DEDUCTIONS	2 Pays -
000002	.00 O/T	.00 EARNINGS 3		EARNINGS 4	186.33 SS					5,337.68
	.00 HOURS 3	.00 EARNINGS 5	5,982.28	GROSS	43.59 ME					
	80.00 HOURS 4				99.18 ST	AIE				
HOURS ANALYSIS:	80.00									
EARNINGS ANALYSIS:	2,976.88	<u> </u>								
STATUTORY DED. ANA	LYSIS: 99.18	43 IL								

Labor Distribution

ARMSTRONG ELEVATOR

Company Code: GTB

Batch : **7428-030**

Period Ending : 12/12/2020

Week 51

Service Center: 030

Pay Date : 12/16/2020

Page 1

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VOLUNTARY DED. ANALYSIS:

263.33

N MEDINS

Ι,	DOREEN ROOKS	OFFICE MANAGER
	(Name of signatory party)	(Title)
Do	hereby state:	
that end pro be Cor per wag Reg Cor	contractor or Subcontractor) I during the payroll period commencing the 12 day of December da	of the persons employed by A-MELVIN PRICE FEDERAL COURTHOUSE (Building or work) If you have a good become and ages earned, that no rebates have been or will be or on behalf of said Armstrong Elevator and a gest earned by any not made either directly or indirectly from the full than permissible deductions as defined in the permissible deductions as defined in the permissible services and the permissible deductions as defined in the permissible services and the permissible deductions as defined in the permissible services and the permissible services are permissible services and the permissible deductions as defined in the permissible services and the permissible services are permissible services and the permissible services are permissible services and the permissible services are permissible services and the permission of the
		_
abc con det	ve period are correct and complete; tained therein are not less than the	his contract required to be submitted for the that the wage rates for laborers or mechanics applicable wage rates contained in any wage act; that the classifications set forth therein for ne work he performed.
fide by t	apprenticeship program registered vhe Bureau of Apprenticeship and Tra	he above period are duly registered in a bona with a State apprenticeship agency recognized ining, United States Department of Labor, or if a State, are registered with the Bureau of es Department of Labor.
(4)	That:	
	(a) WHERE FRINGE BENEFITS ARI OGRAMS	E PAID TO APPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

listed in the above referenced payroll, payments of fringe benefits as listed.

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

XPLANATION

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

Project/Location: GSA MELVIN	PRICE FED	COURTHOUSE- EAS	T ST LC				act N			47PF0019C0092	
Payroll No.	43			For v		ending		9/20			
		Day and Date									
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	13	14	15	16	17	18	19		
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
VICTOR MC CALL	М	ELEVATOR								50.09	37.71
(b) (6)	1	MECHANIC								75.135	37.71
(b) (6) (b) (6)											

PERSON	INEL	HOURS Reg 0/T Hours 3&4	EARNINGS	O/T Fornings 20	1 Earnings	GROSS	STATUTORY DEL	DUCTIONS State/Local	VOLUNTARY D	EDUCTIONS	NET PAY 🗸
ARMSTRO	ONG,BRUCE	Reg O/T Hours 3&4	Reg 2,003.60	O/T Earnings 3&	4 Carrings	9.	rederal	State/Lucai			
File:	000101		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Dept:	000002										
Rate:	50.0900										
Dept:	000002	40.00 FR		1,508.48	FR						
Rate:	37.7120					3,512.08	192.14 FIT	99.18 IL 43 S2	263.33 N MI	EDINS 263.33- U MEDREI	Memo
							124.22 SS				
							29.05 MED				3,067.49
LAUGHLI	N,TIMOTHY	40.00	1,001.80								
SHANE											
File:	000178										
Dept:	000002										
Rate:	25.0450										
Dept:	000002	40.00 FR		1,468.40	FR						_
Rate:	36.7100					2,470.20	123.36 FIT				Memo
							62.11 SS				
							14.52 MED				2,270.21
DEPT TO	OTAL	80.00 REG	3,005.40	REG	.00	O/T	315.50	FIT	.00	TOTAL DEDUCTIONS	2 Pays
000002		.00 O/T		EARNINGS 3		EARNINGS 4	186.33				5,337.70
		.00 HOURS 3	.00	EARNINGS 5	5,982.28	GROSS	43.57	MED			
		80.00 HOURS 4					99.18	STATE			
HOURS A	NALYSIS:	80.00	FR Fringe				•		•		•
EARNING	S ANALYSIS:	2,976.88	FR Fringe								
STATUTO	RY DED. ANA	LYSIS: 99.18	43 IL								
VOLUNTA	RY DED. ANA	LYSIS: 263.33	N MEDINS		263.33-	U MEDREI					

Labor Distribution

ARMSTRONG ELEVATOR

Company Code: GTB

Batch: 8352-030 Period Ending: 12/19/2020

Week 52

Service Center: 030

Pay Date : 12/23/2020

Page 2

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(Name of signatory party)	(Title)
Do hereby state:	
(Contractor or Subcontractor) that during the payroll period commen ending the 19 day of Decemporate have been paid the full weekly be made either directly or indirectly Company from the full weekly (Comperson and that no deductions have be wages earned by any person, other Regulations, Part 3 (29 CFR Subtitle	SA- MELVIN PRICE FEDERAL COURTHOUSE (Building or work) cing on the 13 day of December 2020 and
above period are correct and complete contained therein are not less than the	er this contract required to be submitted for the e; that the wage rates for laborers or mechanics be applicable wage rates contained in any wage intract; that the classifications set forth therein for in the work he performed.
fide apprenticeship program registered by the Bureau of Apprenticeship and T	the above period are duly registered in a bonad with a State apprenticeship agency recognized raining, United States Department of Labor, or if in a State, are registered with the Bureau of tates Department of Labor.

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR

listed in the above referenced payroll, payments of fringe benefits as listed.

- In addition to the basic hourly wage rates paid to each laborer or mechanic

OFFICE MANAGER

DOREEN ROOKS

(4) That:

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

XPLANATION

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Project/Location: GSA MELVIN	PRICE FED	COURTHOUSE- EAS	T ST LC	DUIS, N	10	Contr	act N	0.:		47PF0019C0092	
Payroll No.	41			For		endin		5/20			
		Day and Date									
Name, Address	Tax/	Work	S	М	T	W	T	F	S	Rate	Fringe
	Dep	Classification	29	30	1	2	3	4	5		
Bruce Armstrong	М	ELEVATOR		8	8	8	8	8		50.09	37.71
(b) (6)	0	MECHANIC								75.135	37.71
(b) (6)											
TIMOTHY LAUGHLIN	S	MECHANIC		8	8	8	8	8		25.05	36.71
(b) (6)	0	APPRENTICE								37.568	36.71
VICTOR MC CALL	М	ELEVATOR								50.09	37.71
(b) (6)	1	MECHANIC								75.135	37.71
(b) (6)											

PERSONNEL	HOURS Reg ©//I Hours 3&4	EARNINGS Reg 0/T Earnings 3&4 Earning	GROSS	STATUTORY DEDUCTIONS Federal State/Local	VOLUNTARY DEDUCTIONS	NET PAY 🗸
ARMSTRONG,BRUCE	40.00	2,003.60	ys J	receiai State/Locai		
File: 000101		, , , , , , , , , , , , , , , , , , , ,				1
Dept: 000002						
Rate: 50.0900						
Dept: 000002	40.00 FR	1,508.48 FR				I
Rate: 37.7120			3,512.08	192.14 FIT 99.18 IL 43 S 124.23 SS 29.05 MED	2 263.33 N MEDINS 263.33- U MEDREI	Memo 3,067.48
LAUGHLIN,TIMOTHY	40.00	1,001.80				
SHANE						
File: 000178						
Dept: 000002						
Rate: 25.0450						
Dept: 000002	40.00 FR	1,468.40 FR				_
Rate: 36.7100			2,470.20	123.36 FIT		Memo 🗆
				62.12 SS		
				14.53 MED		2,270.19
DEPT TOTAL	80.00 REG	3,005.40 REG	.00 O/T	315.50 FIT	.00 TOTAL DEDUCTIONS	2 Pays □
000002	.00 O/T	.00 EARNINGS 3 2,976	.88 EARNINGS 4	186.35 SS		5,337.67
	.00 HOURS 3	00 EARNINGS 5 5,982	.28 GROSS	43.58 MED		
	80.00 HOURS 4			99.18 STATE		
HOURS ANALYSIS:	80.00	FR Fringe				
EARNINGS ANALYSIS:	2,976.88					
STATUTORY DED. ANA	ALYSIS: 99.18	43 IL				

263.33- U MEDREI

Labor Distribution

ARMSTRONG ELEVATOR

Company Code: GTB

N MEDINS

263.33

Batch : **6464-030**

Period Ending : 12/05/2020

Week 50 Page 2

Service Center : **030** Pay Date : **12/09/2020**

VOLUNTARY DED. ANALYSIS:

-, _	(Name of signatory party)	(Title)
Do I	hereby state:	
Arr (Co that end proj be Cor pers wag Reg Cop	during the payroll period commencing on the	PRICE FEDERAL COURTHOUSE g or work) 29 day of November 2020 and 20, all persons employed on said, that no rebates have been or will half of said Armstrong Elevator contractor) wages earned by any er directly or indirectly from the full ssible deductions as defined in the Secretary of Labor under the
abo con dete	That any payrolls otherwise under this contract ve period are correct and complete; that the way tained therein are not less than the applicable vermination incorporated into the contract; that the h laborer or mechanic conform with the work he page 1.	ge rates for laborers or mechanics yage rates contained in any wage classifications set forth therein for
fide by to no	That any apprentices employed in the above pe apprenticeship program registered with a State a he Bureau of Apprenticeship and Training, United such recognized agency exists in a State, ar prenticeship and Training, United States Department	apprenticeship agency recognized I States Department of Labor, or if e registered with the Bureau of
(4)	That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO	APPROVED PLANS, FUNDS, OR

- In addition to the basic hourly wage rates paid to each laborer or mechanic

listed in the above referenced payroll, payments of fringe benefits as listed.

OFFICE MANAGER

DORFEN ROOKS

PROGRAMS

In the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION(CRAFT)	EXPLANATION
REMARKS	
KLWAKKO	

NAME AND TITLE: DOREEN ROOKS OFFICE MANAGER	SIGNATURE: (b) (6)
	DATE:

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

CONTRACTOR PAYROLL RECORDS

(See Sections 290.210 to 290.340, RSMo and 8 CSR 30-3.010 to 8 CSR 30-3.060)

Name of Contractor Subcontractor Wellington Environmental						dress o			or or Su	bcontra	ictor: 60	State: MO ZIP: 63144 Phone Number: (314) 644						- 4020
Name of Public Body Armstrong Elevator - Me						dress o			ody: 750) Misso	uri Ave	State: IL	ZIP: 62				7) 323	
Payroll No. 1 -REVISED	For Week Ending 01 / 17 / 2021	AWO	Project and Location Melvin Price Federal Br	uilding, I	East St	t Louis	s, IL	62201								Project	or Contractor Shaft #4	7 5 7 1
			44			3. Day	and	Date				6. Gross Ami		7	Deduction		o. 0.101(1) 1	
Name and Address of Employee	Little		nal	-	-	Tu W	_			4. Total	5. Hourl	/	FICA	Federal and State	Other	Other	Total	8. Net Wages Paid
		***		Date		12 13 rs Wor	-	4 15 Each D	man in the second	Hours	Rate		and Medicare	Withhold- ing Tax	A	В	Deduc- tions	for Week
William Delay (b) (6) Laborer (Building): General				OT OT			-					1,458.80	111.59	94.93	88.16	68.00	262.60	40.000
			ST	8.00	8.00 8.0	00 8.0	00.8 00		40.00	36.4	7 1,458.80	111.35	94.93	88.10	68.00	362.68	\$ 1,096.12	
Michael Alvey (b) (6)	Laborer (Building): General			OT ST	8.00	8.0						1,167.04	89.28	163.99	69.97		323.24	\$ 843.80
Raymond Richardson	Laborer (Building)	: General		DT	8.00	8.0	00 8.00	8,00		32.00	36.4	1,167.04	144.4		1 3		10,000	
(b) (6)				ST	8.00	7.00 8.0	00 8.00	0 8.00		39.00	36.4	1,422.33	108.81	45.00	85.27	126.34	365.42	\$ 1,056.91
Ronald Edsall (b) (6)	Laborer (Building):	: General		OT OT		8.00						291.76	66.50	31.91	28.51	78.32	205.24	\$ 598.52
Jeffrey Cress	Laborer (Building):	General		ST DT		8.00	+	-		8.00	36.4							
(b) (6)	Euborer (Bunding).	Conciai		OT ST		5.00						182.35	125.80	198.40	102,10	164.52	590.82	\$ 1,053.53
				DT		7.00	-	+++		5.00	36.47	1,644.35					1	
				ОТ								//						
				ST														
				DT	-	- 1	-		E (E)									
				OT ST	-	-	-	-				//						
				DT		+	-											
				ОТ								//						
				ST														

^{***} If a worker performs work in more than one occupational title, you must separately list the hours worked per occupational title and wage rates. ***

FRINGE BENEFITS

In addition to the basic rates paid to each laborer or mechanic on the payroll, payments have been or will be made to appropriate programs for the benefit of these employees as shown in the following chart below. If fringe benefit amounts paid are the same for all employees, you may list the amount of each such identical fringe payment only once in the appropriate column; if the fringe benefit amounts vary by employee, list each employee's name and set out the amounts

Employee Name	Health and Welfare (\$/hr)	Pension (\$/hr)	Vacation (\$/hr)	(\$/hr)	Apprentice Training (\$/hr)	Other C (\$/hr)	Other D (\$/hr)	Total (\$/hr)	If "Other/Deduction" or Fringes, please explain. (Indicate Other A, B, C or D)	Identify by name, the plan, fund or programs to which fringe benefits are paid. (Indicate H&W, Pension, etc.)
William Delay	8.25	7.00	1.00		0.45	0.37	0.20	\$17.27	A - Local Union 42 B - Misc	Local 42 - Laborers Union
Michael Alvey									A - Local Union 42	Local 42 - Laborers Union
Raymon Richardson									A - Local Union 42 B - Child Support/401K	Local 42 - Laborers Union
Ronald Edsall									A - Local Union 42 B- 401K	Local 42 - Laborers Union
Jeffrey Cress									A - Local Union 42 B- 401K	Local 42 - Laborers Union
i			60.0							

Date: 03/10/21			
I, Stella Benson	(Name of Signatory Party),Account	ting Manager (Title) do hereby state:	
the full weekly wages stated above, that no rebates have been the full weekly wages earned by any person and that no deceither directly or indirectly from the full wages earned by connection with the public work together with an accurate that these payroll records are kept and have been provided from the state for the period of one year following the comparison.	In semployed by	Wellington Environmental Indication week ending of the well and accurate records clearly indicating worker and the actual wages paid for each class or type of the contracting public body and will be available as often the records are made.	(Contractor or Subcontractor) on the date of 01/17/2021 all persons employed on said project have been paid (Contractor or Subcontractor), from the names, occupations, and crafts of every worker employed by them if work performed and deduction made for each worker have been prepared en as may be necessary and such records shall not be destroyed or removed or mechanics contained therein are not less than the applicable wage rate
Name and Title Stella Benson, Accounting Manager The falsification of any of the above statements may subject		Signature	(b) (6)

Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program. TDD/TTY: 800-735-2966 Relay Missouri: 711



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

CONTRACTOR PAYROLL RECORDS

(See Sections 290.210 to 290.340, RSMo and 8 CSR 30-3.010 to 8 CSR 30-3.060)

Name of							dress o			tor o	r Sub	contrac		Hanley Indi	ustrial Court ZIP: 63		Phone Nur	mher (3)	14) 644	- 4020
Name of Public Body Armstrong Elevator - Me	elvin Price Federal Bi	lding				1.00	dress o			lody	750	Missou	ıri Ave	State: IL						
Payroll No. 2 -REVISED	For Week Ending 01 / 24 / 2021	AWO		roject and Location Melvin Price Federal Buildi	ng, Ea	1			- 1					state. IL	ZIP: 62	201	Phone Nur	Projec	t or Contrac	t No.
	1					_	3. Day							6. Gross Amt		7	D. L. d		tor Shaft #4	
Name and Address of Employee			cupational Title			M	Tu W	Th	F			4.	5.	/	FICA	Federal	Deduction	S	Texas	8. Net
of Employee			***				s Wor				24	Total Hours	Rate	Project Week	and Medicare	and State Withhold-	Other A	Other B	Total Deduc- tions	Wages Pai for Week
William Delay	Laborer (Building)	: General			DT	1		Τ	T	-,				1,167.04		ing Tax				
(b) (6)	Laborer (Building): General				OT ST	8.00	8.0	00 8.0	0 8.00	-		32.00	36.47	1,167.04	89.28	50.47	70.53		210.28	\$ 956.70
Michael Alvey	Laborer (Building)		DT	1						32.00	1,458.80									
(b) (6)					OT ST	8.00 8	8.00 8.0	0 8.0	0 8.00		# L	V 201 A	24.0		111.59	238.65	87.46		437.70	\$ 1,021.1
Raymond Richardson Laborer (Building): General			DT	8.00	8.00 8.0	8.00	8.00			40.00	36.47	1,458.80								
(b) (6)		2.102000			ОТ									1,221.75	93.45	5 144,49	73.25	117.01 428.2	120.20	0 \$ 793.55
Ronald Edsall						5.50 4	1.00 8.0	0 8.00	8.00		F 10	33.50	36.47	1,221.75	25.15	146.49	13.23		428.20	
A COLUMN TO A COLU	Laborer (Building):	General		-	OT OT	+								291.76						
(b) (6)					ST	- 8	8.00	-	H		1	20.00	4.2%		70.16	45.69	17.63	83.52	217.00	\$ 634.7
					DT							8.00	36.47	851.76						
					ОТ												-			
					ST				1.1		1 .							- 1		
				-	DT	-	U)E											-		
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					TO T		-		201											
					51										- 1	1				

FRINGE BENEFITS

In addition to the basic rates paid to each laborer or mechanic on the payroll, payments have been or will be made to appropriate programs for the benefit of these employees as shown in the following chart below. If fringe benefit amounts paid are the same for all employees, you may list the amount of each such identical fringe payment only once in the appropriate column; if the fringe benefit amounts vary by employee, list each employee's name and set out the amounts

Health and Welfare (\$/hr)	Pension (\$/hr)	Vacation (\$/hr)	Holiday (\$/hr)	Apprentice Training (\$/hr)	Other C (\$/hr)	Other D (\$/hr)	Total (\$/hr)	If "Other/Deduction" or Fringes, please explain. (Indicate Other A, B, C or D)	Identify by name, the plan, func or programs to which fringe benefits are paid. (Indicate H&W, Pension, etc.)
8.25	7.00	1.00		0.45	0.37	0.20	\$17.27	A - Local Union 42	Local 42 - Laborers Union
								A - Local Union 42	Local 42 - Laborers Union
								A - Local Union 42 B - Child Support/401K	Local 42 - Laborers Union
								A - Local Union 42 B- 401K	Local 42 - Laborers Union
	and Welfare (\$/hr)	and Welfare (\$/hr)	and Welfare (\$/hr) Vacation (\$/hr)	and Welfare (\$/hr) (\$/hr) Holiday (\$/hr)	and Welfare (\$\frac{\(\sigma\)}{\(\shr\)}\) (\$\(\shr\)) (\$\(\shr\)	and Welfare (\$/hr)	and Welfare (\$/hr)	and Welfare (\$/hr)	and Welfare (\$/hr) (\$/h

Date: 03/10	0/2021			(b) (6)		
I,	Stella Benson	(Name of Signatory Party),	Accounting Manager	(Title) do hereby state:		
Armstrong I	at I pay or supervise the payment of Elevator-Melvin Price Federal Bldg	(Building or Work); that during the p	payroll period commencing se	Wellington Environmental		(Contractor or Subcontractor) on the
the full week	ly wages earned by any person and t	es have been or will be made either directly or that no deductions have been made	indirectly to or on behalf of _	Wellington Environmental		(Contractor or Subcontractor), from
that these pay from the state (2) Tha	roll records are kept and have been for the period of one year following t any payrolls otherwise under this	earned by any person, other than legally perm accurate record of the number of hours worke provided for inspection to the authorized repre- g the completion of the public work in connecti- contract required to be submitted for the abov contract; that the occupational title set forth he	a by each worker and the active sentative of the contracting properties on with which the records are period are correct and come	tal wages paid for each class or type of wo ablic body and will be available as often a made.	ork performed and deduction made as may be necessary and such record	for each worker have been prepared ds shall not be destroyed or removed
Name and Ti				Signature		
	n, Accounting Manager				(h) (e)	
The falsificat	tion of any of the above statements n	nay subject the contractor or subcontractor to c	riminal prosecution. See Sect	ons 290.340, 570.090, 575.050	(D)	
				, , , , , , , , , , , , , , , , , , , ,		

Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program. TDD/TTY: 800-735-2966 Relay Missouri: 711



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

CONTRACTOR PAYROLL RECORDS

(See Sections 290.210 to 290.340, RSMo and 8 CSR 30-3.010 to 8 CSR 30-3.060)

Name of Contractor Wellington Environmenta Name of Public Body	- Contract Contraction					ldress y: St			tor or S	ubconti	actor: 60	7 Hanley Indi	ustrial Court		Phone Nur	mber: (3)	14) 644	- 4930
Armstrong Elevator - Me					11.50	dress y: Eas				0 Miss	ouri Ave	State: IL	ZIP: 62				27) 323	
Payroll No. 3-REVISED	For Week Ending 01 / 31 / 2021	AWO	Project and Location Melvin Price Federal	Building, I	East S	t Loui	s, IL	6220	1						, mene tran	Projec	t or Contractor Shaft #4	
			10.19.4			3. Day	y and	Date				6. Gross Ami		7.	Deduction		or onarch t	
Name and Address of Employee		2. Occupa Title	ė	1	M 25	_			Sa Si	Tota		Project	FICA	Federal and State	Other	Other	Total	8. Net Wages Paid
	4			Build		rs Wo				Hour	s Rate	Week	and Medicare	Withhold- ing Tax	Α	В	Deduc- tions	for Week
William Delay (b) (6)	Laborer (Building):	General		DT								1,458.80						
				OT ST	8.00	8.00 8	.00 8.0	0 8.00		40.0	0 36.4	7 1,458.80	111.60	94.93	88.16	1	294.69	\$ 1,164.11
Michael Alvey (b) (6)	Laborer (Building):	General		DT OT						10.0		1,458.80	111.59	238.65	87.46		127.70	6102110
D. Initial				ST	8.00	8.00 8	00 8.0	0 8.00		40.0	0 36.4	7 1,458.80	111.55	256.05	67.40		437.70	\$ 1,021.10
Raymond Richardson (b) (6)	Laborer (Building):	General		DT OT								1,458.80	111.61	201.55	87.46	128.03	528.65	\$ 930.15
				ST	8.00	8.00 8.	00 8.00	8.00	1517	40.0	0 36.4	1,458.80	10000		107.10	120.05	526.05	3 930.13
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				31										1.				

FRINGE BENEFITS

In addition to the basic rates paid to each laborer or mechanic on the payroll, payments have been or will be made to appropriate programs for the benefit of these employees as shown in the following chart below. If fringe benefit amounts paid on behalf of each employee, you may list the amount of each such identical fringe payment only once in the appropriate column; if the fringe benefit amounts vary by employee, list each employee's name and set out the amounts paid on behalf of each employee for each fringe benefit.

and Welfare (\$/hr)	Pension (\$/hr)	(\$/hr)	(\$/hr)	Apprentice Training (\$/hr)	Other C (\$/hr)	Other D (\$/hr)	Total (\$/hr)	If "Other/Deduction" or Fringes, please explain. (Indicate Other A, B, C or D)	Identify by name, the plan, fund or programs to which fringe benefits are paid. (Indicate H&W, Pension, etc.)
8.25	7.00	1.00		0.45	0.37	0.20	\$17.27	A - Local Union 42	Local 42 - Laborers Union
								A - Local Union 42	Local 42 - Laborers Union
		v						A - Local Union 42 B - Child Support/401K	Local 42 - Laborers Union
						6			
	Welfare (\$/hr)	and Welfare (\$/hr)	and Welfare (\$/hr) 8.25 7.00 1.00	and Welfare (\$/hr) 8.25 7.00 1.00 Holiday (\$/hr) (\$/hr)	and Welfare (\$/hr)	and Welfare (\$/hr)	and Welfare (\$\frac{\(\sigma\rm\)}{\(\sigma\rm\)}\) Vacation (\$\(\sigma\rm\)) (\$\(\sigma\rm	and Welfare (\$/hr) (\$/h	and Welfare (\$/hr) (\$/h

Date: _03/10/2021		
I, (Name of Signatory Party),	Accounting Manager (Title) (Title) Accounting Manager	
(1) That I pay or supervise the payment of the persons employed by	Wellington Environmental	(Contractor or Subcontractor) on the
Armstrong Elevator-Melvin Price Federal Bldg (Building or Work); that during the	e payroll period commencing seven (7) days prior to the week ending date of _	01/31/2021 all persons employed on said project have been pai
the full weekly wages stated above, that no rebates have been or will be made either directly or	or indirectly to or on behalf of Wellington Environmental	(Contractor or Subcontractor), froi
the full weekly wages earned by any person and that no deductions have been made		
either directly or indirectly from the full wages earned by any person, other than legally personnection with the public work together with an accurate record of the number of hours work that these payroll records are kept and have been provided for inspection to the authorized reprometer the state for the period of one year following the completion of the public work in connect (2) That any payrolls otherwise under this contract required to be submitted for the abord contained in any wage order incorporated into the contract; that the occupational title set forth here.	ked by each worker and the actual wages paid for each class or type of work presentative of the contracting public body and will be available as often as maction with which the records are made. Over period are correct and complete; that the wage rates for laborers or mech	performed and deduction made for each worker have been prepared ay be necessary and such records shall not be destroyed or remove
N	9	
Name and Title Stella Benson, Accounting Manager	Signa	(1) (0)
The falsification of any of the above statements may subject the contractor or subcontractor to	o criminal prosecution. See Sections 290.340, 570.090, 5	(b) (6)

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MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

CONTRACTOR PAYROLL RECORDS

(See Sections 290.210 to 290.340, RSMo and 8 CSR 30-3.010 to 8 CSR 30-3.060)

Name of Micron Environment Name of Public Body	and the second second				U. D. Committee		of Cor Louis		or or Su	bcontra	ctor: 60	7 Hanley Indi	ustrial Court		Phone Nun	nber: (31	4) 644	- 4930
Armstrong Elevator - M					11000		of Pub		ody: 750) Misso	uri Ave	State: IL	ZIP: 62				7) 323	
Payroll No. 4-REVISION	For Week Ending 02 / 07 / 2021	AWO	Project and Melvin P	d Location rice Federal Building, E	ast S	t Lou	is, IL 6	52201								Project	or Contractor Shaft #4	t No.
1			10 V	7 7 2	55	3. Da	y and I	Date				6. Gross Amt		7	Deductions		or share ii i	
Name and Address of Employee			pational itle	Day		A 1	V Th	F	Sa Su	4. Total	5. Hourly	/	FICA	Federal		F	Total	8. Net
ar ampioyee		*:	**	Date	1	2	3 4	5	6 7	Hours	Rate	1.0500	and	and State Withhold-	Other A	Other B	Deduc-	Wages Paid for Week
Charles - XXXX					Hou	rs Wo	rked E	ach D	ay		1,000	Week	Medicare	ing Tax	A	В	tions	ioi week
William Delay (b) (6)	Laborer (Building):	: General		DT								875.28						
(D) (O)				OT						ESV			110.29	97.85	88.72	34.00	330.86	\$ 1,110.82
Michael Alvey	Laborer (Building):	Comple		ST DT	8,00	8.00	.00	-		24.00	36.4	1,441.68						170
(b) (6	Laborer (Buriding).	General		OT	-	-	+		-	1		875.28						-
(0) (0	4				8.00	8.00 8	00			24.00	36.4	1,441.68	110.28	244.93	88.30	1	443.51	S 998.17
Raymond Richardson	Laborer (Building):	General		DT						24.00	30,4	875.28						
(b) (6)				OT								013.20	108.45	201.55	87.46	128.03	525.49	\$ 892.19
* = * 7					8.00	8.00 8	00			24.00	36.47	1,417.68	100000	207.55	07.10	128.05	323.49	3 092.19
				DT														
				OT ST	-	-	1		Ei le								d 1 - 10	
				DT			+											1
				ОТ								/						
				ST								/						
				DT							5.						-	
	-14			OT												- 1		
				ST DT						-								
				OT	-	+		-										
				ST					-			/						
				DT		+												
				OT														
				ST								/						

FRINGE BENEFITS

In addition to the basic rates paid to each laborer or mechanic on the payroll, payments have been or will be made to appropriate programs for the benefit of these employees as shown in the following chart below. If fringe benefit amounts paid are the same for all employees, you may list the amount of each such identical fringe payment only once in the appropriate column; if the fringe benefit amounts vary by employee, list each employee's name and set out the amounts

Employee Name William Delay	Health and Welfare (\$/hr)	(\$/hr)	(\$/hr)	(\$/hr)	Apprentice Training (\$/hr)	Other C (\$/hr)	Other D (\$/hr)	Total (\$/hr)	If "Other/Deduction" or Fringes, please explain. (Indicate Other A, B, C or D)	Identify by name, the plan, fund or programs to which fringe benefits are paid. (Indicate H&W, Pension, etc.)
William Delay	8.25	7.00	1.00		0.45	0.37	0.20	\$17.27	A - Local Union 42 B- Misc	Local 42 - Laborers Union
Michael Alvey									A - Local Union 42	Local 42 - Laborers Union
Raymond Richardson									A - Local Union 42 B - Child Support/401K	Local 42 - Laborers Union

Armstro the full v the full v either di connection that these from the	e payroll records are kept and have been prostate for the period of one year following the payrolls otherwise under this contact that any payrolls otherwise under this contact that any payrolls otherwise under this contact that any payrolls otherwise under this contact that the payrolls of the payroll	(Building or Work); that during the have been or will be made either directly of the no deductions have been made must be any person, other than legally percurate record of the number of hours work ovided for inspection to the authorized replace completion of the public work in connecting tract required to be submitted for the above.	e payroll period commencing or indirectly to or on behalf or indirectly to or	Il and accurate records clearly indicating the name actual wages paid for each class or type of work per g public body and will be available as often as may are made.	(Contractor or Subcontractor) on the 102/07/2021 all persons employed on said project have been paid (Contractor or Subcontractor), from the est, occupations, and crafts of every worker employed by them is a formed and deduction made for each worker have been prepared to be necessary and such records shall not be destroyed or removed the encountries of the necessary and such records shall not be destroyed or removed the encountries of the necessary and such records shall not be destroyed or removed the encountries of the necessary and such records shall not be destroyed or removed the encountries of the necessary and such records shall not be destroyed or removed the encountries of the necessary and such records shall not be destroyed or removed the necessary and such records shall not be destroyed or removed the necessary and such records shall not be destroyed or removed the necessary and such records shall not be destroyed or removed the necessary and such records shall not be destroyed or removed the necessary and such records shall not be destroyed or removed the necessary and such records shall not be destroyed or removed the necessary and such records shall not be destroyed or removed the necessary and such records shall not be destroyed or removed the necessary and such records shall not be destroyed or removed the necessary and such records shall not be destroyed or removed the necessary and such records shall not be destroyed or removed the necessary and such records shall not be destroyed or removed the necessary and such records shall not be destroyed or removed the necessary and such records and necessary and such records shall not be destroyed or removed the necessary and such records and necessary and such records and necessary and such records and necessary and
	d Title enson, Accounting Manager fication of any of the above statements may	subject the contractor or subcontractor to	o criminal prosecution. See S	Sign (D) (ections 290.340, 570.090,	(6)

Date: 03/10/2021

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MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

CONTRACTOR PAYROLL RECORDS

(See Sections 290.210 to 290.340, RSMo and 8 CSR 30-3.010 to 8 CSR 30-3.060)

Name of Contractor Wellington Environment						ress o		ctor o	or Sub	contrac		Hanley Indu	ustrial Court ZIP: 63		Phone Nur	nher (31	4) 644	- 4030
Name of Public Body Armstrong Elevator - Mo		lding			10.00		f Public St Louis	4	750	Missou		State: IL				Number: (727) 323 -		
Payroll No. 5-REVISION	For Week Ending 02 / 14 / 2021	AWO		t and Location in Price Federal Building, E	1							nate. IL	211. 62.	201	Phone Nun	Project	t or Contrac	t No.
						_	and Date					6. Gross Amt		7	Deduction		or Shaft #4	
1. Name and Address			cupational Title	Day			Th F		Su	4.	5.	7	FICA	Federal	Deduction	5		8. Net
of Employee			***	Date		10 Work	11 12 red Each		14	Total Hours	Hourly Rate	Project Week	and Medicare	and State Withhold-	Other A	Other B	Total Deduc- tions	Wages Pa for Week
William Delay	Laborer (Building)	: General			DT DT								· · · · · · · · · · · · · · · · · · ·	ing Tax			tions	11.47
(b) (6	Laborer (Building): General				4	.00		4.00			26.45	291.76	62.10	11.00	17.63	0.00	90.73	S 721.0
Michael Alvey					-			4.0		8.00	36.47	811.76					1 1	
(b) (6)				OT ST	4	.00					26.49	145.88 36.47 785.88	60.13	71.93	8.75	140	140.81	S 645.0
Raymond Richardson	Laborer (Building)	Laborer (Building): General								4.00	36.47	145.88						
(b) (6	6			ОТ	315							145.88	31.01	1 18.51	3.51 26.24 8	80.57 157.2	155.00	3 S 259.85
(10)				ST				4.00	,	4.00	36.47	417.08	31.51	18.51			157.23	
				DT														
				OT					14.1							1		
				ST	-	1,11												
				DT	-						1							
				OT ST	4				-									
				DT	+	1						/						
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FRINGE BENEFITS

In addition to the basic rates paid to each laborer or mechanic on the payroll, payments have been or will be made to appropriate programs for the benefit of these employees as shown in the following chart below. If fringe benefit amounts paid are the same for all employees, you may list the amount of each such identical fringe payment only once in the appropriate column; if the fringe benefit amounts vary by employee, list each employee's name and set out the amounts

Employee Name	Health and Welfare (\$/hr)	Pension (\$/hr)	Vacation (\$/hr)	Holiday (\$/hr)	Apprentice Training (\$/hr)	Other C (\$/hr)	Other D (\$/hr)	Total (\$/hr)	If "Other/Deduction" or Fringes, please explain. (Indicate Other A, B, C or D)	Identify by name, the plan, fund or programs to which fringe benefits are paid. (Indicate H&W, Pension, etc.)
William Delay	8.25	7.00	1.00		0.45	0.37	0.20	\$17.27	A - Local Union 42	Local 42 - Laborers Union
Michael Alvey									A - Local Union 42	Local 42 - Laborers Union
Raymond Richardson	E								A - Local Union 42 B - Child Support/401K	Local 42 - Laborers Union

Date: <u>03/10/2021</u>					
I, Stella Benson	Name of Signatory Party),	Accounting Manager	(Title) do hereby state:		
(1) That I pay or supervise the payment of the persons Armstrong Elevator-Melvin Price Federal Bldg (B)	WIO NO SE SECURITORISMO DE LA CONTRACTORISMO DE LA		ington Environmental	(Contractor	or Subcontractor) on the
the full weekly wages stated above, that no rebates have been the full weekly wages earned by any person and that no deduc	of will be made either directly or indi	oll period commencing seven rectly to or on behalf of Well	7) days prior to the week ending date ington Environmental	c of 02/14/2021 all persons employed on sa (Contractor)	aid project have been paid r or Subcontractor), from
either directly or indirectly from the full wages earned by an connection with the public work together with an accurate receive that these payroll records are kept and have been provided for from the state for the period of one year following the complet (2) That any payrolls otherwise under this contract requirements of the period of the period of the contract requirements and the payrolls of the contract in the contract; that	y person, other than legally permissis ord of the number of hours worked by inspection to the authorized representation of the public work in connection with tired to be submitted for the above per	tative of the contracting public with which the records are made	ages paid for each class or type of we body and will be available as often a le.	ork performed and deduction made for each wo as may be necessary and such records shall not	orker have been prepared, be destroyed or removed
Name and Title			Sign	(1)	
Stella Benson, Accounting Manager			583	(b) (6)	
The falsification of any of the above statements may subject the	e contractor or subcontractor to crimi	inal prosecution. See Sections	290.340, 570.090,	(D)	
					1

Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program. TDD/TTY: 800-735-2966 Relay Missouri: 711



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

CONTRACTOR PAYROLL RECORDS

(See Sections 290.210 to 290.340, RSMo and 8 CSR 30-3.010 to 8 CSR 30-3.060)

Name of Contractor Wellington Environmenta					Address of Contractor or Subcontractor: 607 Hanley Industrial Court													
Name of Public Body					City: St Louis State: MO ZIP: 63144 Phone Number: (314) 644 - 4930													
	brin Daine Perte - 1 DO				Addr	ess of	Public	Bod	y: 750	Missou	ri Ave						0.00	1,700
Armstrong Elevator - Melvin Price Federal Bilding			E3.44		St Lou					State: IL	ZIP: 62201 Phone Number: (727) 323 - 3800				2445			
Payroll No. 6-REVISED	For Week Ending	AWO		Project and Location								Juic. IL	ZII . 02	201 1	Phone Nun	nber: (727) 323 - 3800		
0-KE VISED	02 / 21 / 2021		Melvin I	Price Federal Building, E	ce Federal Building, East St Louis, IL 62201									Project	or Contractor Shaft #4	t No.		
			Account to		3.	Day a	and Da	te				6. Gross Amt		7. Deductions		or sharen-		
I. Name and Address		2. Occupa Title		Day	M T	W	Th	F Sa	Su	4.	5.			P. J 1				
of Employee		***		Date	15 16	17			101	Total	Hourly	Project	FICA and	and State	Other	Other	Total	8. Net Wages Pai
									Hours	Rate	Week		Withhold-	A	В	Deduc- tions	for Week	
William Delay Laborer (Building): General	General		DT			Hours Worked Each Day				182.35	200	ing Tax			tions	11 11 11 11		
(b) (b)				OT								102.33	46.84	3.00	11.02	0.00	60.86	\$ 551.49
			ST	5.0	0	101			5.00	36.47	612.35							
Michael Alvey Laborer (Building): Genera	lding): General		DT						250		164.12							
		OT					721						22.94	13.95	18.59		55.48	\$ 244.24
		ST								4.50	36.47	299.72		191				9 2
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FRINGE BENEFITS

In addition to the basic rates paid to each laborer or mechanic on the payroll, payments have been or will be made to appropriate programs for the benefit of these employees as shown in the following chart below. If fringe benefit amounts paid are the same for all employees, you may list the amount of each such identical fringe payment only once in the appropriate column; if the fringe benefit amounts vary by employee, list each employee's name and set out the amounts

Employee Name	Health and Welfare (\$/hr)	Pension (\$/hr)	Vacation (\$/hr)	Holiday (\$/hr)	Apprentice Training (\$/hr)	Other C (\$/hr)	Other D (\$/hr)	Total (\$/hr)	If "Other/Deduction" or Fringes, please explain. (Indicate Other A, B, C or D)	Identify by name, the plan, fund or programs to which fringe benefits are paid.
William Delay	8.25	7.00	1.00		0.45	0.37	0.20	\$17.27	A - Local Union 42	(Indicate H&W, Pension, etc.) Local 42 - Laborers Union
Michael Alvey									A - Local Union 42	
menaer Aivey									Escar Chion 42	Local 42 - Laborers Union

(b) (6)

Date: _03/10/2021	(0) (0)	
I, Stella Benson (Name of Signatory Party),	ermissible deductions, that full and accurate records clearly indicating the records worker and the actual wages paid for each class on transferred	(Contractor or Subcontractor), from
that these payroll records are kept and have been provided for inspection to the authorized re- from the state for the period of one year following the completion of the public work in conne (2) That any payrolls otherwise under this contract required to be submitted for the ab- contained in any wage order incorporated into the contract; that the occupational title set forth	ection with which the records are made.	may be necessary and such records shall not be destroyed or removed
Name and Title Stella Benson, Accounting Manager The falsification of any of the above statements may subject the contractor or subcontractor to	o criminal prosecution. See Sections 290.340, 570.09	(b) (6)

Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program.

TDD/TTY: 800-735-2966 Relay Missouri: 711

"General Decision Number: IL20190007 09/06/2019

Superseded General Decision Number: IL20180007

State: Illinois

Construction Types: Building and Residential

Counties: Madison and St Clair Counties in Illinois.

BUILDING CONSTRUCTION PROJECTS (does not include residential construction consisting of single family homes and apartments up to and including 4 stories) & RESIDENTIAL CONSTRUCTION PROJECTS (consisting of single family homes and apartments up to and including 4 stories)

Note: Under Executive Order (EO) 13658, an hourly minimum wage of \$10.60 for calendar year 2019 applies to all contracts subject to the Davis-Bacon Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2015. If this contract is covered by the EO, the contractor must pay all workers in any classification listed on this wage determination at least \$10.60 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in calendar year 2019. If this contract is covered by the EO and a classification considered necessary for performance of work on the contract does not appear on this wage determination, the contractor must pay workers in that classification at least the wage rate determined through the conformance process set forth in 29 CFR 5.5(a)(1)(ii) (or the EO minimum wage rate, if it is higher than the conformed wage rate). The EO minimum wage rate will be adjusted annually. Please note that this EO applies to the above-mentioned types of contracts entered into by the federal government that are subject to the Davis-Bacon Act itself, but it does not apply to contracts subject only to the Davis-Bacon Related Acts, including those set forth at 29 CFR 5.1(a)(2)-(60). Additional information on contractor

requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

Modification Number	Publication Date
0	01/04/2019
1	01/11/2019
2	01/18/2019
3	01/25/2019
4	02/01/2019
5	02/22/2019
6	07/12/2019
7	08/02/2019
8	08/09/2019
9	08/16/2019
10	09/06/2019

ASBE0001-003 10/02/2017

	Rates	Fringes
ASBESTOS WORKER/HEAT & FROST	4 00	
INSULATOR	•	23.17
BOIL0363-001 01/01/2017		
	Rates	Fringes
BOILERMAKER	·	29.89
BRIL0008-006 08/01/2017		
	Rates	Fringes
Bricklayer, Caulker, Cleaner,		
Pointer & Stonemason		

22.05

(including Marble Mason, Tile

CARP0500-002 05/01/2018

Layer).....\$ 33.13

ST. CLAIR COUNTY

R	ates	Fringes
CARPENTER (Lather,		
Piledriver, and Millwright)		
Building\$	38.85	17.10
Residential\$		17.10
Carpet Installer (Carpet,		
Linoleum, Hardwood, and Tile		
Layer)\$		
CARP0664-002 05/01/2018		
MADISON COUNTY		
R	ates	Fringes
CARPENTER (Lather,		
Piledriver, and Millwright)		
Building\$	38.85	17.10
Residential\$	29.50	17.10
Carpet Installer (Carpet,		
Linoleum, Hardwood, and Tile		
Layer)\$	33.43	17.02
ELEC0309-005 09/03/2018		
MADISON (Remainder) and ST. CLAIR C	OUNTIES	
R	ates	Fringes
ELECTRICIAN		
Building\$	40.70 31	.66%+7.99
Residential\$	34.54	46.13%
ELEC0309-014 09/01/2018		
MADISON (Remainder) and		
ST. CLAIR COUNTIES		

Rates Fringes

ELECTRICAL LOW VOLTAGE WIRING

Installation, service and maintenance of low-voltage systems which utilizes the transmission and/or transference of voice, sound, vision, or digital for commercial, education, security and entertainment purposes for the following: TV monitoring and surveillance, background/foreground music, intercom and telephone interconnect, field programming, inventory control systems, microwave transmission, multi-media, multiplex, radio page, school, intercom and sound burglar alarms and low voltage master clock systems.

ELEC0649-003 09/01/2018

MADISON COUNTY (Area West of a North-South line 1 mile East of the West boundaries of Edwardsville, Fort Russell & Moro Twps and North of Hwy 66 West to Mississippi River)

Rates Fringes

ELECTRICAL LOW VOLTAGE WIRING INSTALLER

Installation, service, and maintenance of low-voltage systems which utilizes the transmission and/or transference of voice, sound, vision, or digital for commercial, education, security and entertainment purposes for the following: TV monitoring and surveillance, background/foreground music, intercom and telephone interconnect,

field programming, inventory control systems, microwave transmission, multi-media, multiplex, radio page, school, intercom and sound burglar alarms and low voltage master clock systems......\$ 32.33 16.77 ELECTRICIAN 22.38 Building Construction.....\$ 42.01 Residential Construction (Up to and including a six family apartment building, but excluding multibuilding apartment complexes or apartment buildings that have commercial stores or professional quarters in conjunction with commercial ventures such

inc.).....\$ 23.28 10.84

ELEV0003-003 01/01/2019

as nursing homes, motels,

Rates Fringes

ELEVATOR MECHANIC...... \$ 50.09 33.705+a+b

FOOTNOTES:

- a) Employer contributes 8% of regular basic hourly rate as as vacation pay credit for employees with more than 5 years of service, and 6% for less than 5 years of service
- b) Eight paid holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day Friday after Thanksgiving Day, Veterans' Day and Christmas Day.

9/25/2019

	Rates	Fringes
POWER EQUIPMENT OPERATOR		
Group 01	\$ 38.30	32.15
Group 02	\$ 37.17	32.15
Group 03	\$ 32.69	32.15
Group 04	\$ 32.75	32.15
Group 05	\$ 32.42	32.15
Group 06	\$ 40.85	32.15
Group 07	\$ 41.15	32.15
Group 08	\$ 41.43	32.15
Group 09	\$ 39.30	32.15
Group 10	\$ 40.30	32.15
Group 11	\$ 40.30	32.15
Group 12	\$ 41.30	32.15

POWER EQUIPMENT OPERATOR CLASSIFICATIONS

GROUP 1: Cranes, Draglines, Shovels, Skimmer Scoops, Clamshells or Derrick Boats, Pile Drivers, Crane-Type Backhoes, Asphalt Plant Operators, Concrete Plant Operators, Dredges, Asphalt Spreading Machines, Screws on Asphalt Spreading Machines, All Locomotives, Cable Ways or Tower Machines, Hoists, Hydraulic Backhoes, Ditching Machines, or Backfiller, Cherrypickers, overhead Cranes, Roller, Steam or Gas, Concrete Pavers, Excavator Concrete Breakers, Concrete Pumps, Bulk Cement Plants, Cement Pumps, DerrickType Drills, Boat Operators, Motor Graders or Pushcats, Scoops or Toumapulls, Bulldozers, Endloaders or Fork Lifts, Power Blade or Elevating Graders, Winch Cats, Boom or Winch Trucks or Boom Tractors, Pipe Wrapping or Painting Machines, Asphalt Plant Engineer, Journeyman Lubricating Engineer, Drills (other than derrick type), Mud Jacks, or Well Drilling Machines, Boring Machines or Track Jacks, Mixers, Conveyors (two), Air Compressors (two) Water Pumps, regardless of size (two), Welding Machines (two), Siphons or Jets (two), Winch Head or Apparatuses (two), Light Plants (two), Waterblasters (two), all Tractors, regardless of size (straight tractor only), Fireman on

Stationary Boilers, Automatic Elevators, Form Grading Machines, Finishing Machines, Power Sub-Grader or Ribbon Machines, Longitudinal Floats, Distributor Operators on Trucks, Winch Heads or Apparatuses (one), Mobil Track air and heaters (two to five), Heavy Equipment Greaser, Relief Operator, Assistant Master Mechanic and Heavy Duty Mechanic, concrete saws of all types and sizes with their attachments, gobhoppers, excavators all sizes, the repair, greasing, and fueling of all diesel hammers, the operation, set-up and cleaning ofbidwells, concrete placement booms, the alterations, repair of all barges, water blasters of all sizes and their clutches, mobile lifts, hydraulic jacks where used for hoisting, diesel or gas powered flashing sings used for traffic control, micro pavers, log skiders, iceolators used on and off of pipeline, condor cranes, drill rigs of all sizes, bow boats, survey boats, ross carriers, bob-cats and all their attachments, skid steer loaders and all their attachments, creter crane, direct drive electric motors the bolting and unbolting the adjusting and shimming, (dewateringjobs, whirley crane, conveyor belts) etc., batch plants (all sizes), roto mills, conveyors systems of any size and any configuration, hydroseeders and strawblowers all sizes, operation, repair, service of all vibratory hammers, all power pacs and their controls regardless of location, curtains or brush burning machines, stump cutter machines, grout machines regardless of size, Nail launchers when mounted on a machine or self-propelled, con-cover machines, Goldhofer and similar S.P.M.T. (self-propelled modular transpmiers) heavy transport units and all Operators (except those listed below).

Group 2: Assistant Operators

GROUP 3: Air Compressor One; Water Pump regardless of size
One; Welding Machine One; 1-Bag Mixer One; Conveyor One;
Siphon or Jet; Light Plant One; Heater One; Immobile Track
Air One

GROUP 4: Firemen on Whirlies and Asphalt Spreader Oiler; Heavy Equipment Oilers; Truck Cranes; Monigans; Large over

65 tons capacity; Concrete Plant OIler and Black Top Plant Oiler

GROUP 5: Oilers

GROUP 6: Operators on equipment with Booms, including Jibs, 100 ft and over, but less than 150 ft

GROUP 7: Operators on equipment with Booms, including Jibs, 150 ft and over, but less than 200 ft

GROUP 8: Operators on equipment with Boomns, including Jibs, 200 ft and over; Tower Cranes, and Whirley Cranes

GROUP 9: Certified crane Operators, Below 17.5 tons, when requested by the Contractor or required by the Owner.

GROUP 10: Certified crane Operators 17.5 tons and above, when requested by the Contractor or required by the Owner.

GROUP 11: Master Mechanic

GROUP 12: Licensed Boat Pilot

IRON0392-004 08/01/2018

Rates Fringes

IRONWORKER.....\$ 32.50 27.38

MADISON COUNTY (Southwest)

LAB00044-001 08/01/2017

Rates Fringes

LABORER

Group 1.....\$ 25.76 27.48

Group 2......\$ 26.26 27.48

Group 3.....\$ 27.26 27.48

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LABORER CLASSIFICATIONS:
GROUP 1 - General Laborer
 GROUP 2 - Asbestos Abatement Worker and Hazardous Waste
 Worker; Lead Base Paint Worker
GROUP 3 - Dynamite Man
_____
 LAB00100-001 08/01/2017
ST CLAIR COUNTY (East St. Louis, Alcoa, Brooklyn, Cahokia,
Caseyville, Centreville, Dupo, Fairmont City, French Village,
Midway, Maplewood, National City)
                             Rates
                                          Fringes
LABORERS
    Group 1.....$ 30.79
                                             22.45
    Group 2.....$ 31.29
                                             22.45
    Group 3.....$ 32.29
                                             22.45
LABORER CLASSIFICATIONS:
GROUP 1 - General Laborer
 GROUP 2 - Asbestos Abatement Worker and Hazardous Waste
 Worker; Lead Base Paint Worker, Hod Carrier
GROUP 3 - Dynamite Man
 LAB00218-002 08/01/2017
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Rates Fringes

MADISON COUNTY (Northwest)

LABORER	25
LADOILLI	

Group 1\$ 3	30.59	22.65
Group 2\$ 3	31.09	22.65
Group 3\$ 3	32.09	22.65

LABORER CLASSIFICATIONS:

GROUP 1 - General Laborer

GROUP 2 - Asbestos Abatement Worker and Hazardous Waste

Worker; Lead Base Paint Worker

GROUP 3 - Dynamite Man

LAB00338-001 08/01/2017

MADISON COUNTY (Westside)

	Rates	Fringes
LABORERS		

Group	1\$	30.13	23.11
Group	2\$	30.63	23.11
Group	3\$	31.63	23.11

LABORER CLASSIFICATIONS:

GROUP 1 - General Laborer

GROUP 2 - Asbestos Abatement Worker and Hazardous Waste

Worker; Lead Base Paint Worker

GROUP 3 - Dynamite Man

LAB00397-001 08/01/2017

MADISON COUNTY (Southeast)

Rates Fringes

9/ beta.SAM.gov

/25/2019		
LABORERS		
Group 1	\$ 30.79	22.45
Group 2	\$ 31.29	22.45
Group 3	\$ 32.29	22.45
LABORER CLASSIFICATIONS:		
GROUP 1 - General Laborer		
GROUP 2 - Asbestos Abatement Worker; Lead Base Paint Worker		ous Waste
GROUP 3 - Dynamite Man		
LAB00459-001 08/01/2017		
ST. CLAIR COUNTY (South)		
	Rates	Fringes
LABORERS		
Group 1	\$ 28.63	24.61
Group 2	\$ 29.13	24.61
Group 3	\$ 30.13	24.61
LABORER CLASSIFICATIONS:		
GROUP 1 - General Laborer		
GROUP 2 - Asbestos Abatement W	Norker and Hazardo	ous Waste
Worker; Lead Base Paint Worker	•	

GROUP 3 - Dynamite Man

LAB00670-002 08/01/2017

ST CLAIR COUNTY (Northeast)

25/2019		be
	Rates	Fringes
LABORERS		
Group 1	\$ 28.05	25.19
Group 2	\$ 28.55	25.19
Group 3	\$ 29.55	25.19
LABORER CLASSIFICATIONS:		
GROUP 1 - General Laborer		
GROUP 2 - Asbestos Abatement Wo	orker and	Hazardous Waste
Worker; Lead Base Paint Worker		
GROUP 3 - Dynamite Man		
LAB00742-003 08/01/2017		
ST. CLAIR COUNTY (Eastside)		
	Rates	Fringes
LABORERS		
Group 1	\$ 26.37	26.87
Group 2	\$ 26.87	26.87
Group 3	\$ 27.87	26.87
LABORER CLASSIFICATIONS:		
GROUP 1 - General Laborer		
GROUP 2 - Asbestos Abatement Wo	orker and	Hazardous Waste
Worker; Lead Base Paint Worker		
Group 3 - Dynamite Man		
PAIN0058-005 05/01/2017		

Rates Fringes

PAINTER

Building......\$ 31.25 17.12
Residential......\$ 29.95 17.12

Epoxy or Toxic-Lead-Based Paint Work-\$1.00 Premimum

PAIN0513-003 11/01/2016

BOND, CALHOUN, CLINTON, GREENE, JACKSON, JERSEY, MACOUPIN (Southside), MADISON, MARION, MONROE, PERRY, RANDOLPH, ST. CLAIR, AND WASHINGTON COUNTIES

	Rates	Fringes
GLAZIER	\$ 33.40	24.80

PLAS0090-003 08/01/2017

	Rates	Fringes
CEMENT MASON	.\$ 33.90	24.25
PLASTERER	.\$ 31.00	18.95
	4	
TERRAZZO WORKER/SETTER	.\$ 17.55	0.00
TILE SETTER	.\$ 11.70	1.605

PLUM0101-002 07/01/2019

ST. CLAIR COUNTY (BELLEVILLE, FAYETTEVILLE, FREESBURG, LEBANON, LENZBERG, MASCOUTAH, MARISSA, MILLSTADT, NEW ATHENS, SCOTT AFB, SHILOH, SMITHON, ST. LIBORY, SUMMERFIELD, and SWANSEE)

	Rates	Fringes
PLUMBER/PIPEFITTER\$	40.05	16.78

PLUM0360-002 07/01/2019

MADISON (GRANITE CITY & SOUTHERN HALF OF COUNTY) and ST. CLAIR

(EAST ST. LOUIS & VIC.) COUNTIES

	Rates	Fringes
PLUMBER		16.85
PLUM0439-001 01/01/2019		
MADISON (Grant City and Southern (East St. Louis and Vic) Countie) and ST. CLAIR
	Rates	Fringes
Steamfitter		
PLUM0553-002 01/01/2019		
MADISON COUNTY (North of East - South line of Chouteau, Edwardsv Townships)		
	Rates	Fringes
PLUMBER/PIPEFITTER	.\$ 43.06	15.10
FOOTNOTES:		
A. 4 HOURS PAID FOR CHRISTMAS THRU FRIDAY.	EVE IF HOLIDAY F	FALLS ON MONDAY
ROOF0002-004 03/01/2018		
	Rates	Fringes
ROOFER	.\$ 32.70	17.97
* SETL0268_001_09/01/2019		·

^{*} SFIL0268-001 09/01/2019

WITHIN A 30 MILE RADIUS OF ST. LOUIS, MO

	Rates	Fringes
Sprinkler Fitters	.\$ 45.21	24.62
SFIL0669-001 04/01/2019		

REMAINDER OF COUNTIES

	Rates	Fringes
SPRINKLER FITTER	.\$ 41.87	22.93

SHEE0268-002 07/01/2017

	Rates	Fringes	
Sheet Metal Worker			
Building	\$ 34.27	20.20	
Residential	\$ 23.12	12.23	
			_

TEAM0050-003 05/01/2019

ST CLAIR COUNTY

	Rates	Fringes
TRUCK DRIVER		
Group 1	.\$ 38.17	19.85
Group 2	.\$ 38.71	19.85
Group 3	.\$ 39.01	19.85
Group 4	.\$ 39.34	19.85
Group 5	.\$ 40.39	19.85

CLASSIFICATIONS:

GROUP 1: Drivers on 2 axles hauling less than 9 tons; air compressor & welding machines and brooms, including those pulled by separate units; Truck Driver Helper, warehouse

employees; Mechanic Helpers; greasers and tiremen; pick-up trucks when hauling material, tools, or workers to and from and on the job site; and forklifts up to 6,000 lb capacity.

GROUP 2: 2 or 3 axles hualing more than 9 tons but hauling less than 16 tons; A-frame winch trucks; hydrolift trucks; Vactor Trucks or similar equipment when used for transportation purposes; Forklift over 6,000 lb.capacity; winch trucks; and four axle combiation units.

GROUP 3: 2, 3 or 4 Axles hauling 16 tons or more; 5-Axles or more combination units; drivers on water pulls; articulated dump trucks; mechanics and working forepersons.

GROUP 4: Low Boy and Oil Distributors.

GROUP 5: Drivers who require special protective clothing while employed on hazardous waste work.

TEAM0525-002 05/01/2019

MADISON COUNTY

	Rates	Fringes
TRUCK DRIVER		
Group 1	\$ 38.17	19.85
Group 2	\$ 38.71	19.85
Group 3	\$ 39.01	19.85
Group 4	\$ 39.34	19.85
Group 5	\$ 40.39	19.85

CLASSIFICATIONS:

GROUP 1: Drivers on 2 axles hauling less than 9 tons; air compressor & welding machines and brooms, including those pulled by separate units; Truck Driver Helper, warehouse employees; Mechanic Helpers; greasers and tiremen; pick-up trucks when hauling material, tools, or workers to and from and on the job site; and forklifts up to 6,000 lb capacity.

GROUP 2: 2 or 3 axles hualing more than 9 tons but hauling less than 16 tons; A-frame winch trucks; hydrolift trucks; Vactor Trucks or similar equipment when used for transportation purposes; Forklift over 6,000 lb.capacity; winch trucks; and four axle combiation units.

GROUP 3: 2, 3 or 4 Axles hauling 16 tons or more; 5-Axles or more combination units; drivers on water pulls; articulated dump trucks; mechanics and working forepersons.

GROUP 4: Low Boy and Oil Distributors.

GROUP 5: Drivers who require special protective clothing while employed on hazardous waste work.

WELDERS - Receive rate prescribed for craft performing operation to which welding is incidental.

Note: Executive Order (EO) 13706, Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Davis-Bacon Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2017. If this contract is covered by the EO, the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work, up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness, injury or other health-related needs, including preventive care; to assist a family member (or person who is like family to the employee) who is ill, injured, or has other health-related needs, including preventive care; or for reasons resulting from, or to assist a family member (or person who is like family to the employee) who is a victim of, domestic violence, sexual assault, or stalking. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (ii)).

.....

The body of each wage determination lists the classification and wage rates that have been found to be prevailing for the cited type(s) of construction in the area covered by the wage determination. The classifications are listed in alphabetical order of ""identifiers"" that indicate whether the particular rate is a union rate (current union negotiated rate for local), a survey rate (weighted average rate) or a union average rate (weighted union average rate).

Union Rate Identifiers

A four letter classification abbreviation identifier enclosed in dotted lines beginning with characters other than ""SU"" or ""UAVG"" denotes that the union classification and rate were prevailing for that classification in the survey. Example: PLUM0198-005 07/01/2014. PLUM is an abbreviation identifier of the union which prevailed in the survey for this classification, which in this example would be Plumbers. 0198 indicates the local union number or district council number where applicable, i.e., Plumbers Local 0198. The next number, 005 in the example, is an internal number used in processing the wage determination. 07/01/2014 is the effective date of the most current negotiated rate, which in this example is July 1, 2014.

Union prevailing wage rates are updated to reflect all rate changes in the collective bargaining agreement (CBA) governing this classification and rate.

Survey Rate Identifiers

Classifications listed under the ""SU"" identifier indicate that

no one rate prevailed for this classification in the survey and the published rate is derived by computing a weighted average rate based on all the rates reported in the survey for that classification. As this weighted average rate includes all rates reported in the survey, it may include both union and non-union rates. Example: SULA2012-007 5/13/2014. SU indicates the rates are survey rates based on a weighted average calculation of rates and are not majority rates. LA indicates the State of Louisiana. 2012 is the year of survey on which these classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. 5/13/2014 indicates the survey completion date for the classifications and rates under that identifier.

Survey wage rates are not updated and remain in effect until a new survey is conducted.

Union Average Rate Identifiers

Classification(s) listed under the UAVG identifier indicate that no single majority rate prevailed for those classifications; however, 100% of the data reported for the classifications was union data. EXAMPLE: UAVG-OH-0010 08/29/2014. UAVG indicates that the rate is a weighted union average rate. OH indicates the state. The next number, 0010 in the example, is an internal number used in producing the wage determination. 08/29/2014 indicates the survey completion date for the classifications and rates under that identifier.

A UAVG rate will be updated once a year, usually in January of each year, to reflect a weighted average of the current negotiated/CBA rate of the union locals from which the rate is based.

WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can

be:

- * an existing published wage determination
- * a survey underlying a wage determination
- * a Wage and Hour Division letter setting forth a position on a wage determination matter
- * a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests for summaries of surveys, should be with the Wage and Hour Regional Office for the area in which the survey was conducted because those Regional Offices have responsibility for the Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

Branch of Construction Wage Determinations
Wage and Hour Division
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

2.) If the answer to the question in 1.) is yes, then an interested party (those affected by the action) can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and by any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

4.) All decisions by the Administrative Review Board are final.

END OF GENERAL DECISION"